

## Financial Policy

Thank you for choosing Koala Pediatrics as your child's healthcare provider. We are committed to providing high-quality, compassionate care. This financial policy outlines your responsibilities regarding payment for medical services provided by our clinic.

### Cancellations and Missed Appointments

- If you are unable to attend your scheduled appointment, we request that you notify us at least **24 hours in advance** so we may offer the time slot to another patient.
- **Missed appointments** or cancellations without sufficient notice may be subject to a **\$50 no-show fee**.
- Repeated missed appointments may result in limited scheduling options or dismissal from the practice.

### Insurance and Billing

- **Insurance Verification:** As a courtesy, we will verify your insurance coverage before your visit. However, it is your responsibility to confirm benefits and coverage directly with your insurance company. If you have a secondary insurance kindly let us know at the time of your appointment.
- **Insurance Claims:** We will bill your insurance company on your behalf. Please provide current and complete insurance information at every visit.
- **Co-payments and Deductibles:** Co-pays and deductibles are due **at the time of service**, as required by your insurance plan. We accept cash, credit/debit cards, and HSA cards.
- **Non-Covered Services:** You are responsible for all services not covered or denied by your insurance, including routine care that may not be part of your plan.
- Most insurance plans currently cover well-child visits at **no cost to the patient's family**. However, during these visits, if a **significant concern or complex issue (e.g., asthma management, behavioral concerns, ear infection)** is identified and addressed, the evaluation and management of that issue may fall **outside the scope of a routine well-child exam**. In such cases, **additional charges may apply**, which could result in **out-of-pocket costs or insurance copayments**, depending on your plan's coverage for non-preventive services.
- **Annual Well Visits:**  
Please note that your insurance may limit coverage for well-child visits to **once per calendar year** or **once every 12 months** from the date of the last visit. To help us avoid claim denials, kindly inform us of the **date of your child's last well-child exam**.

### Self-Pay Patients

If you do not have insurance or choose not to use insurance:

- Payment is due **in full** at the time of service.
- We offer a **prompt pay discount** for same-day payment.

### Statements and Outstanding Balances

- A monthly statement will be sent for any remaining balance after insurance processing.
- Payment is due within **30 days** of the statement date.
- Accounts past due more than 60 days may be sent to a collection agency unless payment arrangements have been made.

## Payment Plans

We understand that medical bills can be unexpected. Please contact our billing department to set up a payment plan if you are unable to pay your balance in full. Timely payments must be made to keep the account in good standing.

## Missed Appointments and Late Cancellations

- A **\$50 fee** may apply for appointments missed without 24-hour notice.
- These fees are not covered by insurance and must be paid before scheduling the next visit.

## Returned Checks

- A **\$35 fee** will be charged for any returned checks.
- Future payments may be required in cash or by credit card.

## Forms and Administrative Fees

- Completion of forms (school, camp, etc.) outside of a visit may incur a **\$10-15 fee**, depending on complexity.

## Questions

If you have any questions regarding your bill, insurance coverage, or need to discuss a payment plan, please contact our billing department at (206)-761-4985

## Agreement

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in the Koala Pediatrics Financial Policy

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Client Signature

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Date