Coastal Pediatric Medical Group, Inc. Office Policies and Patient Responsibilities

Patient's Name:	Date of Birth:
Contracted Insurance Plans (HMO, PPO, Mana must be presented prior to treatment. If benefits ca time of service.	aged Care): an insurance card, as proof of coverage, innot be verified, you payment will be expected at the
Copayments: Due at the time of service.	
Deductibles: If your insurance plan has a deductible until deductible amount, set by your insurance carrie	
Insurance Claims: Coastal Pediatrics will submit to rendered by our physicians and staff and will accept insurance does not honor that claim within 45 days,	their contracted payment for those services. If your
Payment: Payment in full is expected at the time of plan.	of service for "non-covered" benefits of your insurance
Cash or Non-Contracted Insurance Plans: Payr specific arrangements are made with our business of	ment in full is expected at the time of service unless office prior to your appointment.
Appointments: Our office sees patients by appoint appointment whenever your child needs to be seen. appointment, it may have to be rescheduled.	
No-Show Appointments: Always call our office to No-Show Appointments will be charged a \$40 appointments documented, Coastal Pediatrics has the state of the s	2.00 fee. If your family account has three missed
Returned Checks: A <u>\$35.00 fee</u> will be charged to	for any returned check.
Delinquent Accounts: All delinquent accounts will	be reported to a collection agency after 60 days.
Medical Records: A fee will be charged for the copenage <u>\$20.00/chart to mail them</u> , or you <u>can part to mail them.</u>	pying and release of a patient's medical records. We pick them up in either office for \$15/chart.
Minor Patients (Under 18 Years of Age): Per Ca adult or legal guardian. If the parent/legal guardian given prior to appointment.	
Privacy Notice of Acknowledgement: I have re- (Please Initial)	ceived Coastal Pediatrics' Privacy Notice.
Parent's Signature:	Date: