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Financial Policy

The following is a summary of our payment policy. Patients cannot see our provider unless this statement is initialed.

PAYMENT IN FULL IS DUE AND EXPECTED AT TIME OF SERVICE

*****Please read and initial below as indicated.*****

By initialing below you agree to the following:

(i) All outstanding balances must be paid for services to be rendered.

(ii) Payment is required at the time services are rendered.

(iii) **Insurance Policy:** We are a concierge pediatric practice and do not bill through insurance plans. However, we will provide you with the necessary documentation to file for reimbursement with your insurance provider. Please contact your insurance provider and inquire about out of network provider reimbursement rates. You may be able to use a flex savings account or health savings account towards your access fee, check with your account administrator.

(iv) **Missed Appointment Fee:** Broken appointments represent a cost to us, you and to other patients who could have been seen in the time set aside for you. Cancellations are required 24 hours prior to the appointment. Appointments not cancelled 24 hours in advance will result in a "No Show" fee of \$50. This fee must be paid before a new appointment is scheduled. Patients with **three** missed appointments in a twelve month period will be charged the full amount of fees for the missed appointment as a No Show.

(v) If on installment plan for the Annual Access Fee, payment in full will be due and collected for any outstanding balance if Patient Enrollment Agreement is terminated prior to end of then-current term. No refund shall be given.

Therefore, knowing this, I request that services be performed and by my initials below I understand and I agree to be responsible for any charges incurred. I understand if I fail to make payment when due and my account becomes delinquent or is turned over to a collection agency, the undersigned shall pay all collection agency fees, court costs and reasonable attorney fees, and risks being dismissed from the physician care of Calabasas Pediatrics.

Initials of Patient or Patient's
Parent or Legal Guardian