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## FINANCIAL POLICY

The laws of Washington State shall govern this agreement. In the event of a lawsuit regarding this agreement, the venue shall be proper only in Spokane County, Washington. Subject to change without prior notice.  
Updated: 03/2023

Patient/Guardian Copy

**Insurance Accounts:** Your medical coverage is a contract between you and the insurance company. Not all services are covered by all policies. We strongly suggest you understand the scope and limitations of your insurance policy. We will file a claim with your primary and secondary insurance for you. You may need to pay any balance your insurance company deemed “patient responsibility” before we provide services. Under certain circumstances, a payment plan **may be** set up.

At any time, you may request that we *not* file a claim with your insurance. In that case, payment is due at the time of the visit and is subject to that insurance’s fee schedule. Per our contracts with the insurance companies, if we are aware a patient is active on insurance, we are not permitted to charge the patient less than the insurance company’s contracted amount with us.

We will need you to provide us with accurate information to file a claim with your insurance. This includes an updated copy of the insurance card, subscriber, and employer information (if applicable). Inaccurate information delays the claim and can result in additional costs for you. If your claim is not paid within 30 days of the service date and is not due to an insurance company issue, the entire balance will be billed to you. If the insurance company processes the claim, we will issue you a refund of the applicable amount. Unpaid balances can affect the scheduling of appointments with our office.

**Uninsured Self-Pay:** No active insurance, or if you have a Medi-Share plan on the date service is provided, we consider that ‘uninsured self-pay.’ We offer an uninsured fee schedule and appreciate payment on the service date. If payment is not made on the service date, we will send a statement, and a \$20 statement fee may apply. If insurance becomes active, and you would like us to send a claim to them, please let us know immediately, and we will attempt to send a claim to your plan. If we send a claim to the insurance, it will become subject to the insurance’s fee schedule, and you will be responsible for the difference.

**Method of Payments Accepted:** Major Credit/Debit Cards. Health Savings or Flexible Spending Account cards with the Visa and MasterCard logo, checks, or cash. All returned payments are subject to a \$25 fee.

**Statements:** Statement #1 is considered ‘current.’ Statement #2 is considered ‘past due,’ and #3 is considered ‘pre-collection status.’ Each subsequent billing statement may be subject to a \$3.00 fee per statement. We appreciate payment within 15 days after the receipt of the first statement.

**Co-Pays:** On the day of the appointment, **you must pay any applicable co-pay** and, possibly, any fees we know are not to be covered by your insurance plan. Co-pays not paid on the service date will be subject to a \$10 billing fee. We encourage you to use the Healow Check-In feature before the appointment to submit appointment information to us, but also you can pay your co-pay before the appointment. This is especially helpful if someone else accompanies your child to their visit. We still require written permission to treat if someone other than a legal guardian accompanies your child.

**Unpaid Balances:** Should it be necessary to take action to collect an amount owing, you will be responsible for all costs incurred, including but not limited to collection agency fees, attorney fees, court costs, and late fees. In addition, you will be asked to seek care for your child(ren) elsewhere.

Billing Specialist Contact: p: 509-448-7337 ext 308

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