REIS PEDIATRICS
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PATIENT FINANCIAL RESPONSIBILITY AGREEMENT (PATIENTS 18 AND OLDER)

As a patient 18 or older, **you are responsible for your account.** If another person (such as a parent) agrees to be responsible for your balance, that person may sign as guarantor on the Consent and Acknowledgment page. A guarantor will be able to discuss billing for your account, but not your health information unless you list them under Family and Support Persons on the Consent and Acknowledgment page.

Insurance claims and payment

As a courtesy, Reis Pediatrics will file your insurance claims for you. If your insurance company denies payment or has not paid within 90 days, you and/or your guarantor will be responsible for any balance due, except as noted below for Med-QUEST members. It is your responsibility to provide current insurance information, including the subscriber number and mailing address, and to follow up with your insurance carrier on any benefit questions.

You are responsible for telling Reis Pediatrics about any change in insurance coverage within 30 days of the change. You may be responsible for charges that cannot be submitted on time because of a delay. While filing claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are provided.

If you are covered under a parent's insurance plan, the plan may mail statements (Explanation of Benefits) about your visits to the policyholder. If this is a concern, ask us or your insurance plan about confidential communications.

Med-QUEST (Medicaid) members

If you are a member of a Med-QUEST health plan, we will not bill you for services your plan covers, and we will not charge Med-QUEST members missed-appointment or cancellation fees. You may be responsible for services your plan does not cover only if you agree in writing before the service is provided, as allowed by Med-QUEST rules.

Account charges and statements

Co-payments and any balance due are requested at the time of your visit. We accept cash, check, and credit card. If you have no insurance at the time of the visit, payment in full is required before you are seen. You may contact our billing staff to arrange a monthly payment plan.

Reis Pediatrics may charge interest on unpaid balances as permitted by Hawaii law. A billing charge of $5.00 may apply to each statement after the first.

Collections

If your account is more than 90 days past due with no payment activity and no active payment plan, it may be transferred to a collection agency, and a $35.00 fee will be added. You and/or your guarantor are responsible for reasonable costs of collecting the delinquent amount, which may include attorney's fees and collection costs, as permitted by law.

Ongoing nonpayment without a payment plan may also result in ending our care relationship, as described in our Patient-Provider Agreement. We will always contact you and offer a payment plan first.

Returned checks

Returned checks are subject to a $25.00 NSF fee plus any bank fees. The returned amount, fees, and any outstanding balance must be paid by your next scheduled visit, and you may be placed on a cash or credit-card-only payment method for future visits.

Missed appointments and late cancellations

Please cancel appointments at least 24 hours in advance. A $35.00 fee applies if you miss or cancel a yearly checkup or physical with less than 24 hours' notice. If missing sick or follow-up visits becomes a pattern, the $35.00 fee may also apply. True emergencies will be handled on an individual basis with the office manager. (Missed-appointment fees do not apply to Med-QUEST members.)

Missing **3** scheduled appointments within 12 months without notice may result in ending our care relationship, as described in our Patient-Provider Agreement. We will send a written reminder before that happens.

Preventive visits with additional concerns

Most health plans, including TRICARE, cover routine preventive visits with no cost to you. However, during a preventive visit you may raise a new concern, or your provider may find a problem that needs further evaluation. When this happens, your provider is required to bill both the preventive visit and the additional problem-focused service for the same date. Depending on your plan, the additional service may result in a co-payment, cost-share, or deductible, which is your responsibility. You may receive a statement later for any amount your plan does not cover.

Credit card on file (optional)

We ask patients to keep a credit card on file to pay outstanding balances. Our staff will enter your card securely into our payment system; please do not write card numbers on any form. Our billing staff will notify you before any charge is made and will send a receipt to your billing address.

If someone else (such as a parent) agrees to pay your bill, they sign as guarantor on the Consent and Acknowledgment page.

Patients confirm their agreement by signing the Reis Pediatrics Consent and Acknowledgment page.