

Children's Health Services, P.A  
Financial Policy Statement

**Payment Policy**

Children's Health Services patients (or their legal guardians) are responsible for paying for the services they receive in full at the time of service. If you do not have insurance and the balance is paid in full at the day of service, you will receive a 20% discount off the office visit. If you have health insurance, you must pay the entire co-pay amount or an estimate of your deductible on the day of your appointment before being seen. Please note that as a courtesy a billing coordinator may reach out to you before your appointment to work out account information. Overall, it is the guarantor's responsibility to ensure we have proper account information on file. We do employ an outside billing company that will file an insurance claim directly to your insurance company for the remaining portion. If there is still a balance remaining after the insurance company has processed the claim, payment is due in full upon receiving a billing statement. Please note: if your balance is under \$20.00, you will not receive a billing statement, but are still responsible for paying this balance.

**No Surprise Act Policy**

Children's Health Services will provide a Good Faith Estimate to all self-pay families before services are rendered. Please keep in mind **that this estimate** is based on anticipated services that will be provided by Children's Health Services. There may be additional services that our facility recommends as part of the course of care for your child's condition. These services are not included in this estimate and will need to be requested separately and will receive their own estimate when scheduled.

**Disclaimer**

This Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute the bill.

**If you are billed for more than this Good Faith Estimate you have the right to dispute the bill.**

You may contact the health care provider or facility listed to let them know the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on your original bill. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare provider or facility, you will have to pay the higher amount.