

# Financial and Office Policy

---

Estrella Pediatrics, P.C.  
623-388-3216  
623-388-4902

9305 W Thomas Rd  
Ste 125 & 575  
Phoenix, AZ 85037

Please take the time to review the following policies and procedures that we have set in place to better serve you.

Consent: The patient's legal representative consents to the treatment and services which may be performed during this and any future visits, and which may include but are not limited to laboratory procedures, examinations, treatments or procedures, or other services rendered under the general or specific instructions of the physicians or health care providers.

Appointments: "Walk-in" and "sibling add-on" appointments are not accepted. We want to take care of your child's illness; however, it is unfair to ask our patients who have a scheduled appointment to wait while someone without a pre-scheduled appointment is seen. If you feel that your child cannot wait to be seen, ask to speak to the triage nurse for evaluation and they will make a recommendation.

Lateness: If you are unable to arrive for your appointment on time, please call to inform the staff. They will review the schedule to determine if the appointment will need to be rescheduled or work you in behind other scheduled appointments.

Charges to account: We shall have the right to cancel your privileges to make charges against your account at any time. Future visits would then need to be paid in full at the time of service.

Waiver of confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. We do NOT recognize or enforce the terms of divorce decrees nor accept third party assignments of any kind.

Delegate: We require that a legal guardian accompany a minor patient unless prior written authorization is given to this office. The adult accompanying the minor is required to pay in accordance with our policies.

Notification: We require that you notify the scheduler when you make an appointment of any changes to insurance, address and/or telephone number. By doing so, this will eliminate unnecessary delays in your child's care.

Contracted Insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay at the time of service. It is the insurance company that makes the final determination of your eligibility.

Non-contracted insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

Transferring of Records: You will need to request in writing, and pay a reasonable copying fee of \$10 if you want to have copies of your records sent to another doctor or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

We look forward to establishing a long and wonderful relationship.

# Financial and Office Policy

---

## Information about Deductible Plans

The average cost for a typical visit for a patient with a deductible plan is \$100. We require a \$50 deposit from all patients that carry a deductible with their insurance plan. If you are unable to pay this amount upfront, we will require a credit card on file, to be able to charge the balance once the insurance processes the claim. Multiple items play a role in how much and office visit will cost. Office visit costs may increase based upon the visit complexity, labs done in office, and treatments given. If the cost of the visit is more than the deposit amount, a statement will be sent. Below are some examples. These samples are not exact nor guaranteed. Costs will vary depending on services rendered and how your insurance policy processes the claim.

Office Visit- New Patient	Ranges from \$80 (low complexity) to \$160 (high complexity)
Office Visit- Established	Ranges from \$60 (low complexity) to \$120 (high complexity)
Wart Removal	Adds an additional \$80-\$140
Strep test	Adds an additional \$10-\$25
SVN Treatment	Adds an additional \$15-\$30
Antibiotic or Injectable medication given in office	Adds an additional \$15-\$30

\*Costs for any labs, diagnostic testing, durable medical equipment or treatments done outside of our office are the patient's responsibility. These costs are not linked to Estrella Pediatrics. This includes labs that are sent from our office out to laboratories such as Sonora Quest, LabCorp, or other laboratories.

\*If Estrella Pediatrics provides durable medical equipment in the office, it is not included in the visit. Please check with your insurance company to verify your benefits and coverage prior to accepting. The durable medical equipment company will bill your insurance directly and Estrella Pediatrics is not responsible for any costs incurred.