

**BALLARD PEDIATRIC CLINIC**  
**7554 15<sup>th</sup> Ave NW Seattle, WA 98117**  
**Phone: 206-783-9300 Fax: 206.783.3196**

**BILLING INFORMATION**

Charges for medical care at Ballard Pediatric Clinic are based on the complexity of the medical problem, time spent, and our costs for materials. If you have insurance coverage that we are contracted to accept, we will bill them for you as a courtesy. We are only able to bill charges to your primary insurance company. We do not bill secondary insurances. We can provide you with the necessary information to bill your second insurance. It is your responsibility to know what services are covered and what benefits your have. We welcome any questions you may have regarding our charges or fee schedule.

**In order to reduce the costs associated with repeated billing we ask the following:**

- *If there is a change in your insurance coverage, please notify the clinic as soon as possible.*
- *Please be prepared to show your insurance card at each visit.*
- *If you currently do have insurance or insurance coverage cannot be verified, payment will be requested at the time of service.*
- *We require our office forms be updated **annually** to ensure that we have the correct information for you. Incomplete or incorrect information can result in non-payment from your insurance.*
- *It is the policy of Ballard Pediatric Clinic to collect certain information for billing purposes. Some of this information is personal and will be kept confidential.*
- *If your insurance is one that we do not bill directly, please ask for a copy of the charge slip after each visit so that you can apply for reimbursement as soon as possible.*
- *If your insurance plan has an office visit co-pay you need to be prepared to pay at each visit. Co-payments not paid at the time of service will be subject to a \$15.00 billing fee.*

Final responsibility for deductibles, co-payments, and services not covered by your insurance rests with you. All balances must be paid upon receipt of the billing statement. Account balances older than 60 days will be assessed a late fee of \$5.00 per month until account has been paid in full. If we do not receive full payment on your account within 3 months of the first date of service, your account will be turned over to our collection agency. Your account will be assessed a \$50.00 release fee for turning it over to collection.

We understand the unpredictable nature of illness and injury, and invite you to contact our bookkeeper at 206-783-7042 if a major unexpected medical expense should occur. We are happy to negotiate a payment plan with you.

If you feel an error has been made on your account, please write to Ballard Pediatric Clinic at 7554 15<sup>th</sup> Ave NW, Seattle, WA 98117. All requests for adjustments must be made in writing, as telephone calls will not preserve your rights under the Federal Truth in Lending Regulations. For your convenience, we accept Visa, MasterCard, Checks and cash.

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Parent/Guardian Name (please print)

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date