



Financial Policy

Thank you for choosing Tenth Street Pediatrics as your child's health care provider. The following is a copy of our financial policy. Patient care is not permitted without the written consent of the receipt and acknowledgement of the understanding of this policy.

Payments: Payment, in full, is due at the time of service. This includes applicable co-pays, co-insurance, and payments for services not covered or denied by the insurance company. Tenth Street Pediatrics accepts cash, personal check, debit cards, and credit cards. _____ (initials)

Self-Pay Accounts: If you do not have insurance or your insurance is inactive at the time of your appointment, please come prepared to pay for your visit in full upon checkout. _____ (initials)

Missed Appointments: Missed appointments represent a cost to us, you, and to other patients that could have been seen during the time set aside for your child. Cancellations are required 24 hours prior to any well visit appointment and two hours prior to any sick visit appointment via phone call to the practice. A "no show" fee of \$50 will be applied if an appointment is missed and not cancelled within the stated time frame. _____ (initials)

Outstanding Balances/Collections: If you have a personal balance on your account, a monthly statement will be sent. Unless authorized in writing, payment is due upon receipt of statement, or within 30 calendar days. After 60 days, a \$20 late fee will be added to your account. If your account is sent to collections, a 30% collections fee will be added to your account. _____ (initials)

Payment Plans: Tenth Street Pediatrics understands that full payment may not be possible in certain circumstances. As a courtesy, Tenth Street Pediatrics may offer the assigned account holder a payment plan. Payment plans are approved on a case-by-case basis and may be discussed with our management team. Patients with a payment plan must be in full compliance with all conditions of the agreement at time of visit. Payment plans require a credit card on file to be automatically billed according to the agreement. Failure to make scheduled payments on the payment plan, or not paying off a balance in full may result in your account being turned over to a collection agency and your family dismissed from the practice. _____ (initials)

Returned Checks: A \$30 fee will be charged for any checks returned for insufficient funds. _____ (initials)



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Insurance: Tenth Street Pediatrics is currently contracted with many (but NOT all) PPO plans for Anthem Blue Cross, Blue Shield, Cigna, Aetna, and United Healthcare insurance (this does not include POS, EPOS, EOS, or HMO plans). For all non-contracted PPO plans, payment in full is due at the time of each visit. We will bill your insurance company directly for you as a courtesy. Please contact your insurance company to verify we are listed as a contracted provider and what services are covered by your insurance plan before scheduling an appointment. All non-covered services will be billed to the account holder. _____ (initials)

Well Visits: We recommend that your child have a well visit every year to ensure their good health. Please keep in mind that children presenting for a well physical with a list of medical concerns requiring the doctor's attention may be charged a co-pay by your insurance company and/or need to return for an additional visit specifically to tend to ongoing concerns. _____ (initials)

Administrative Fee: Tenth Street Pediatrics charges a yearly administrative fee. This fee reimburses us for all "non-covered" services such as extended hours on weeknights, longer appointment times for checkups, completing school/sports/camp forms, all phone calls including reviewing lab results over the phone, on-call access to one of our board-certified pediatricians 24/7, phone follow-up after visits when needed AND keeping our office open 365 days a year, including all weekends and holidays. This fee will be due each calendar year and varies based on age and number of children from your family that are being seen by our practice. _____ (initials)

Forms Fee: There is a \$30 fee per form for all school/sports/camp forms if the administrative fee is not paid. Turn around for forms is usually 2-3 days. If you require the form be completed with a shorter turnaround there will be a \$25 rush fee per form, and it will be completed within 24 hours. _____ (initials)

Portal Message Fees: Portal messaging is an effective and convenient way to communicate with our office, especially for administrative issues such as scheduling appointments. Portal messages for medical advice may require an in-office visit or telemedicine visit depending on the concern. After 25 messages for medical advice in 1 year, we reserve the right to charge a \$20/message fee. Portal messages for administrative issues will always be free of charge. _____ (initials)



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Change of Insurance/Change of Account Information: Please notify the office as soon as possible of any and all account changes, including co-pay amounts, insurance updates, and change of mailing address. If the account holder does not notify the office within 15 calendar days of these changes the assigned account holder becomes responsible for any and all charges. _____ (initials)

Credit Card on File: As of January 1, 2022 Tenth Street Pediatrics is now requiring all patients to keep a valid credit card on file with our office. The credit card on file will be used to charge any balances or copays if an alternative method of payment is not provided. _____ (initials)

Review and consent of this policy is required prior to services rendered.

My initials above and signature below certifies that I have read and consent to the outlined policies and procedures.

Signature of parent/guardian

Date

Printed name of parent/guardian



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