



# STAPLETON PEDIATRICS

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## Patient Financial Policy

Stapleton Pediatrics strives to provide the best medical care for your children. In doing so, we assist you with filing insurance claims to help you receive the maximum benefits allowed. Therefore, at the time of service, it is your responsibility to provide us with complete and accurate insurance information. If you do not have medical insurance, our staff will provide you with information regarding payment options.

All patients or legal guardians must complete and sign the Patient Information Form before being seen by a provider.

Co-payments must be made upon check-in. We accept cash, checks, Visa, MasterCard and Discover. No post-dated checks will be accepted. For all returned checks, there will be a \$40.00 return check fee. Co-payments are a contractual agreement between you and your insurance company, and Stapleton Pediatrics cannot change or waive co-pays. In addition, there will be a \$15.00 charge for non-payment of co-pays at the time of service.

A current insurance care must be provided for verification. If you have changed insurance companies, please complete an Address/Insurance Information Update sheet.

Please notify us immediately of any address and/or phone number changes.

### INSURANCE RESPONSIBILITY

Payment for medical care may be your responsibility if your insurance company does not pay or does not cover the services provided for you or for your child. Please be aware that we may provide services that your insurance may deny as “not covered.” We suggest that you review the terms of your policy in full so that you understand which services are covered and which are not. If you have questions regarding your policy, please contact your insurance company, as we cannot be responsible for knowing the specifics of each patient’s insurance plan. Please determine the extent of coverage and potential for personal liability before we provide services for you.

### NO SHOW / CANCELLATION POLICY

Our goal is to accommodate all of our patients’ health care needs and schedules to the best of our ability. Therefore, we maintain a 24-hour cancellation policy to ensure all available appointment times can be utilized for patient care. If you fail to notify us of a cancellation, or notify us with less than 24 hours notice, you will receive a written warning. This will include a signed statement that you have reviewed and understand our cancellation policy. For a second offense, you will be charged a \$25.00 cancellation fee. If three appointments are missed with improper notice, you may be dismissed from the practice.

Please note that “reminder” calls are made by our practice as a courtesy to our patient families. Failure to receive a reminder call does not eliminate the No Show/Cancellation Policy requirements.

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