

CREDIT POLICY AND DISCLOSURE STATEMENT

The Kitsap Children's Clinic, LLP is pleased to help care for your family. We appreciate the trust you have shown us by seeking our advice and counsel. The clinic also trusts that you will be responsible for the fees generated when bringing your child to us.

The clinic asks that all co-pays, deductibles and past due balances be paid at the time of service as per your insurance contract. All other balances are due within 30 days of the time of service. As a courtesy, the clinic bills most insurance's, but charges and fees are the responsibility of the custodial parent. For balances with no payment in 30 days, a late fee of \$5.00 will be added to your account.

If there is still an outstanding balance due, at 60 days you will receive a past due letter in addition to a second late fee of \$5.00 added to your account.. The clinic routinely begins collection proceedings on those accounts that have not been paid after 90 days and when this occurs an additional \$10.00 pre-collection fee is charged to your account. If you are unable to meet your obligations to the clinic in the expected time frame, please see the billing office as soon as possible to make arrangements for a monthly payment account. This program will allow you to pay larger account balances off over an additional three month period.

For patient's who have received collection notices and have not made suitable arrangements for payment within 120 days from the date of service, the clinic will mail a certified letter with return receipt indicating the patient is to be dropped from the practice. Those patients will be seen by the clinic on an emergency basis for 30 days. The clinic will transfer the patients health records to a new physician of the patients choice.

It is clinic policy that patient accounts sent to collections will not be re-enrolled at any Kitsap Children's Clinic, LLP.

Disclosure Statement: Any account with an outstanding unpaid balance after 30 days will be charged a \$5.00 late fee monthly. If the account is sent to Alliance One Credit for collections there will be a \$10.00 fee charged to the account. There is a \$25.00 fee charged to your account when the clinic receives a check returned for insufficient funds.

No Show Policy: Missed appointments have a significant impact upon the schedules of both our patient and the physicians. We strongly urge you to call and reschedule your appointment then simply not show. If for any reason three missed appointments occur the clinic will ask you and your children to seek medical care elsewhere.