Children's Health Partners, SC Financial Policy as of 02/02/2026

Thank you for choosing Children's Health Partners for your pediatric health care. We are committed to quality health care for your child. A clear understanding of our financial policy is important to our professional relationship.

1. As parent or guardian **you are 100% responsible for all balances incurred on your child's behalf**.
2. **Your insurance policy is a contract between you and your insurance company. Due to the numerous customized insurance plans offered by insurance companies, we require that you be 100% responsible for:**

   a. **verifying that our physicians are in network; as well as which laboratories, therapists, specialists and hospitals are in network for your specific insurance plan**
   b. **providing CHP with active & complete insurance information for primary & secondary plans**
   c. **knowing your coverage; including deductibles, copays, coinsurance, and services included**
   d. **paying your co-pay at the time of service**
   e. **timely payment of balances due for deductibles, coinsurance, and services not covered.**

3. Children's Health Partners, SC will submit claims to insurance companies with whom we are contracted. We will make every reasonable effort to collect from your insurance company based on the contracted fee schedule**. Your insurance company may not cover some medically indicated services, state mandated screenings, and/or AAP recommended developmental - behavioral health screens. You are responsible for the portion of the fee that insurance does not cover. Please know your policy and call if you have questions about services recommended by our physicians.** Any tests performed by outside labs, hospitals, imaging, or other facilities will be billed separately by the provider of those services.

4. Children's Health Partners has implemented a NEW BILLING POLICY in order to deliver a more convenient and consistent payment experience to our patients. We will now securely store your credit card, HSA card or debit card on file. It will be in compliance with PCI DSS standards. This will be used to cover any co-payment and/or 60-day balances overdue under $250. For any balance over $250, we will contact you to discuss payment. This is mandatory for all new patients as of 04/07/2025. It will be required for ALL patients by 04/07/2026.

5. A CONVENIENCE FEE of $2.00 will be applied to all payments using a credit/debit card. This fee is charged to cover the processing cost associated with offering this payment method. This fee is separate from any co-pay or deductible. You can avoid this fee by paying with cash, using Zelle, or by paying on the patient portal.

6. WELL AND SICK VISITS AT THE SAME TIME: Insurance companies require that we code for all services and procedures rendered. If during a well visit your child is sick or has an issue not related to preventative care and your child requires medical attention, the provider will bill for BOTH services. You will be responsible for any charges passed on to you for any treatment and/or care including co-pays that are not covered.

7. Children's Health Partners, SC can not get involved in financial disputes related to divorced parents of a minor child. The parent who accompanies the child to the medical visit is the responsible party and must pay co-pays. Balances due will be billed to the guarantor.

8. We require 3-5 business days for form completion**. Requests for form completion in less than 48 hours will be accommodated whenever possible. A fee of $20 per form will be charged for this accommodation.** Completion of certain forms, such as FMLA or guardianship forms, may also require a fee.

9. When submitting claim information to insurance companies, it is necessary for our practice to release medical and other registration information to the billing agent and insurance company of individuals responsible for authorization and/or payment of health care services.

10. APPOINTMENT CANCELLATION/NO SHOW POLICY: In order to efficiently care for all of our patients, we request that you cancel your child's appointment **24 hours** prior to the appointment time**. Late cancellations or missed appointments will result in a $50 fee. You are responsible for that payment.**

Please let us know if you have questions about services provided, this policy, or CHP statements.

I have read the above Financial Policy for Children's Health Partners, SC. I agree to the terms listed above and consent to the release of medical information as outlined above. I understand that my account will be considered delinquent if no payment is received within 60 days and a statement fee of $15.00 per month will be charged. I understand that if my account is referred to a collection agency a 30% collections administration fee will be added to the balance due. If the account goes to collections, we will consider that you have fired us as your child's pediatrician and will no longer provide care.

Signature: _____ Print Name:_____Date:_____

Patients Covered by this Policy:_____