



## FINANCIAL POLICY

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Buckeye Pediatrics, LLC  
Sundance Business Center ~ 23374 W. Yuma Road, Suite 101 Buckeye, AZ 85326 ~ 623-374-7833  
www.buckeyepeds.com

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As a courtesy to our patients, we will accept "assignment of benefits" from insurance carriers and will bill your insurance carrier for you. To do this, we must be provided with complete insurance information. We do not accept secondary insurance, you will be responsible for any payment and will need to file with your insurance carrier. Every effort will be made to closely estimate your co-payments and deductibles, which are due at the time of service.

If you are a self-pay patient without insurance coverage, all fees are due and payable at the time services are rendered unless prior arrangements have been made with our billing department. If you are a parent of a minor, it is the responsibility of the parent who is seeking treatment for the child to ensure that payment is rendered accordingly.

It is also the parent's responsibility to understand their insurance coverage, so we encourage all parents to contact their insurance company prior to treatment. Before being seen, we will verify coverage from your insurance carrier.

All co-payments and deductibles are due up front and are payable by cash or credit card (Visa, MasterCard, and American Express). Personal or other types of checks are not an acceptable form of payment.

By signing below I understand that I am responsible for the payment of services provided. If for any reason I am delinquent in my payments, I will be responsible for the cost of collections and possibly incur an interest rate up to 1.5 percent a month on an overdue bill. I acknowledge receipt of the financial policy and a copy shall remain in my child's chart.

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Parent / Guardian Signature

Date

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_