



EFFECTIVE OCTOBER 1, 2020

PAYMENT POLICIES

IMPORTANT! PLEASE READ. SIGNATURE REQUIRED.

To Our Pineapple Pediatric Parents & Patients,

This document includes our payment policies.

FEES: Pineapple Pediatrics will charge for health care services on a “fee-for-service” basis, unless it has an agreement with a contracted health plans of which you may be a member (“Service Fee”). Pineapple Pediatrics will bill you and your insurance plan (at your request) for the health care services (“Services”) we provide. **It is your responsibility, as the insured, to determine if Pineapple Pediatrics is an in-network provider, how your benefits apply, and to inform us of your insurance status.**

PAYMENT METHODS: Pineapple Pediatrics requires a valid credit card number at the time of the appointment request. **We require all families to have an updated credit card saved on file, even if you only plan on using us one time.** Any Service Fees, or any portion thereof, that are your financial responsibility must be paid by credit card through the Pineapple Pediatrics website (www.pineapplepediatrics.com) or Patient Portal. Pineapple Pediatrics may accept payment telephonically when necessary to accommodate patients with disabilities. **We do not accept cash or check payments.**

Your credit card information will always be fully protected and encrypted by our off-site, card-processing partner, and will not be stored on our computers or mobile devices. By entering your credit card information and requesting an appointment, you both authorize the charges to your credit card and indicate your agreement to the terms of these Pineapple Pediatrics Financial Policies.

- ❑ **IF YOU HAVE AN INSURANCE PLAN.** If you are a participant in a health plan that has entered into a contract for reimbursement rates with Pineapple Pediatrics (an “In-Network Plan”), then we will process all claims for reimbursement in accordance with the plan contract. Pineapple Pediatrics will seek to collect from your In-Network Plan that portion of the Service Fee for which the In-Network Plan is responsible. You will still be financially responsible for any applicable copayments, co-insurance or deductibles, or for any services that are not covered by your In-Network Plan. Pineapple Pediatrics does not determine these costs; your insurance plan sets these costs.

It often takes the insurance company 90 days or more to process a claim. Once the claim has been processed, we will electronically send a billing statement notifying you if any portion of the cost of the visit was applied toward your deductible. You are responsible for the deductible and any applicable. After 30 days, if you have not paid the invoice, your credit card will be charged for the balance owed.

- ❑ **IF YOU ARE UNINSURED, OR PINEAPPLE PEDIATRICS IS NOT AN IN-NETWORK PROVIDER, OR YOUR PLAN DOES NOT COVER THESE SERVICES.** If you not a participant in an In-Network Plan, are uninsured, or receive medical and/or health care services that are not covered by your In-Network Plan, **then you will be financially responsible for the full payment of the standard rate of the Services.**

YOU ACKNOWLEDGE THAT YOU HAVE READ THE ABOVE IMPORTANT INFORMATION AND THAT YOU UNDERSTAND IT. ADDITIONALLY, YOU GIVE YOUR SPECIFIC CONSENT TO THE FOLLOWING:

ASSIGNMENT OF BENEFITS; AUTHORIZED REPRESENTATIVE: In exchange for and in connection with any and all of the service(s) provided to you by Pineapple Pediatrics, you irrevocably and expressly request that payment of authorized insurance benefits be made on your behalf to Pineapple Pediatrics for services furnished to you. You hereby assign all applicable health insurance benefits and all rights and obligations that you have under your health plan to Pineapple Pediatrics and the Pineapple Pediatrics' representatives ("Authorized Representatives"). You appoint the agents of Pediatric Pineapple as your authorized representatives with the power to: file medical claims with the health plan, file appeals and grievances with the health plan, institute any necessary litigation and/or complaints against the health plan naming you as plaintiff in such lawsuits and actions if necessary (or you as guardian of the patient if the patient is a minor), discuss or divulge any of your personal health information or that of my dependents with any third party including the health plan. In addition, you agree to cooperate with and take all steps necessary to effectuate, perfect, confirm or validate the assignment of benefits and/or authorization of Pineapple Pediatrics as your authorized representative, as addressed herein.

MEDICAID: You acknowledge and agree that you are not a Medicaid beneficiary. **Pineapple Pediatrics does not participate in Medicaid, including IEHP and Molina.**

INSURANCE COVERAGE/GUARANTEE: If you have requested that Pineapple Pediatrics bill your health insurance plan for the service provided, you acknowledge and agree that you are an eligible member, as of the date of service, of the health plan indicated on your insurance card and/or information you provide through the website, application, or patient portal. You acknowledge and agree that the information provided by you about your insurance coverage is accurate at the time of the appointment request. If you provide inaccurate insurance coverage at the time of the appointment, we will make a reasonable effort to correct your information with you. **You understand and agree that if you are not covered by any health insurance plan at the time of the appointment, your credit card will be charged for the self-pay pricing for the cost of the appointment.** See the www.pineapplepediatrics.com/pricing for current fee schedule.

[SIGNATURE] [DATE] [PHONE NUMBER]

Sincerely,

The Providers and Staff of Pineapple Pediatrics