

**Children’s Respiratory & Critical Care Specialists, PA  
CREDIT & COLLECTION POLICY**

<b>Name:</b> _____
<b>DOB:</b> _____

**INSURANCE:** Your current insurance card should be presented each time you come for an appointment, along with the subscriber’s date of birth. All medical claims will be submitted to your insurance carrier unless otherwise specified by the patient or guarantor. Because we don’t have access to the terms of your insurance policy and cannot guarantee your insurance company will cover the services we have provided, we recommend you call your insurance carrier directly for any questions you might have. If you are covered by one of the following insurance plans, **you are responsible for obtaining a referral from your primary care physician:** Blue Plus, HealthEZ – CVS Caremark, Health Partners (only group #'s 3080, 3081 required), Itasca Medical, Medica Elect, Medica Essential, Patient Choice/UMR, Sanford Health, South Dakota Medicaid, Tricare, Wisconsin Medical Assistance.

**COPAYS:** Co-payment amounts are due on the day of your appointment and are to be paid when you check in. Payments can be made by cash, check, debit card or credit card and we accept Visa, Master Card, Discover and American Express.

**STATEMENTS:** After your insurance company has processed your claims, you will receive a statement for the unpaid balance. Your payment is due within 30 days of the statement date. Medical care can sometimes be unexpected and costly and it is not our intention to cause undue hardship for our patients or their family, so please talk with us not only about your health, but also your financial concerns. If there is a financial situation or you are unable to pay your balance in full prior to the due date, please call our billing office to set up payment arrangements. They are available from 8:00 a.m.-4:00 p.m. Monday-Friday and can be reached at (612) 813-3340 or toll free 1-888-242-3327.

Your child’s initial visit will consist of a comprehensive evaluation. Depending on the complexity of your child’s evaluation, the cost will range from \$500-800. Additional testing such as Pulmonary Function Testing and x-rays are often necessary. You may be billed from Children’s Hospital for these tests. If you receive equipment during your visit, you may be billed by the durable medical equipment company.

**COLLECTION POLICY:** Once you have received a statement, you have 30 days to dispute the charges. If you have received three statements and have not called our office to discuss your financial situation, we will start our collection process including sending your account balance to an outside collection agency. Once the account is turned over to the collection agency, any and all correspondence should be directed to the collection agency.

**RESPONSIBILITY OF THE ACCOUNT:** All services rendered are the responsibility of the guarantor listed on the account. The guarantor of a minor will be the parent or guardian who is the subscriber on the insurance policy.

**\*\*\*I have read and accept the credit policy terms outlined above\*\*\***

\_\_\_\_\_  
SIGNATURE OF PATIENT (OR RESPONSIBLE PARTY IF MINOR)

\_\_\_\_\_  
DATE

[Click to Submit](#)



\*NOTE: By submitting this document to Children’s Respiratory & Critical Care Specialists, you are providing implied consent that you understand the risks of sending personal health information in a non-secure email format.