

Castle Valley Children's Clinic
820 Castle Valley Blvd. Ste.204
New Castle, Co

CVCC strives to provide high quality medical care to your children, it is equally important that you understand our Practice Policies in order to provide quality customer service. We will be happy to provide an additional copy for your records

- **Parent(s)/Guardian(s):** must accompany the patient to their appointment. Must fill out all initial paperwork. Should you need someone else to bring your child the front office must be notified prior to the appointment, if approved a signed and dated note for each date of service is required.
- **Insurance Coverage:** Parents/Guardians are responsible for knowing their insurance coverage and for obtaining any prior approvals needed by your carrier.
- **Insurance Cards:** It is your responsibility to supply us with a current card on each date of service, should you not have proof of coverage you will have 24 hours to give us the information, or you will be billed for the office visit. CVCC bills insurance companies as a courtesy.
- **Financial assistance:** CVCC may provide financial assistance to those patients whose family size/income falls within our program guidelines. Please see the front office for details.
- **Discounts:** We offer discounts for cash paying patients, discounts vary depending on types of service/labs/procedures. These discounts apply only to families without insurance and when paid at time of service.
- **"Co pays"/Payments:** As a condition of many insurance plans, "co pays", for each child, must be collected for each office visit at the time of service. Billing, should you receive a bill, payment is expected within 7 days. Should you have questions about your bill or need special payment arrangements please call our office for assistance.
- **Delinquent Accounts/Bankruptcy:** Failure to provide a prompt response on past due accounts may result in your account being turned over to a collection agency. **You may be responsible for court and attorney's fees.**
- **Returned checks:** There is a \$25.00 fee for returned checks. If a discount was given at the time of payment then the discount is now reversed. If the check was given for Sliding scale, Sliding Scale no longer applies and you are responsible for the entire bill plus fees.
- **Late Appointments:** If you are more than 15 minutes late for any appointment you may be asked to reschedule/ this also constitutes a no show/no call appointment (see next item). Late arrivals cause scheduling delays with other patients and causes us to decrease the amount of time we can spend addressing your concerns.
- **No Show/No Call:** Three (3) no show/no call appointments per family will result in dismissal from this practice. Appointments not canceled 24 hours before the scheduled appointment are considered a "no show"
- **Acute/Emergency visits:** If your child is ill or injured, please call before coming in to the office. Patients who arrive without appointments may be asked to wait or reschedule. Our office does not set aside "Walk-In" appointments. Therefore, in order to ensure adequate time and attention for your child it is best to have a scheduled appointment
- **Complaint/Grievances:** We feel it important that we be informed of any concerns or complaints you may have when it comes to the care provided at our clinic. Should you have a complaint or grievance regarding your visit or business dealings with our clinic, you can verbally express your complaint, concern, or dissatisfaction and/or file a written grievance.

I have read and understand the above policy:

Parent or Guardian signature

Date

Patient Name
