



Romie Lane Pediatric Group, Inc.
610 E. Romie Lane, Suite 2
Salinas, CA 93901
Phone: 831-422-9001 Fax: 831-422-0577

Financial Policy

Thank you for choosing Romie Lane Pediatric Group. We are committed to providing the best medical care for your child. Because payment of your bill is part of that treatment we would like to outline our financial policy

Release of Information and Financial Responsibility: We are contracted with many insurance carriers and may be able to bill them directly for you, including secondary insurance. Please provide us with a copy of your insurance card(s). If a co-payment or deductible is part of your plan, we require that your portion is paid at the time of service.

By signing, I hereby authorize the release of any medical information to insurance carriers needed to process a claim and request payment be made directly to Romie Lane Pediatric Group for medical services rendered to my child. I understand that I am financially responsible for all charges whether or not they are covered by my insurance and that I will be expected to pay if my insurance does not pay within 60 days of the date of service.

Returned Checks: There is a \$25 fee for any checks returned by the bank.

Missed Appointment Fees: A \$25 fee will be charged to your account per patient scheduled for that date of service the second time a patient does not show up for an appointment, or cancels with less than 24 hours notice.

Lab Service Disclosure: Please be advised that Laboratory Services are provided by Lab Corp, Quest, Salinas Valley Memorial Hospital and/or other outside laboratories. If you wish to select a laboratory other than the ones mentioned, please inform the medical staff. The lab that receives your specimen(s) will bill you separately for its services.

Patient Name: _____

Parent/Guardian Signature: _____ **Date:** _____