PROGRESSIONS
DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

Statement of Financial Policies

All patients are required to establish financial arrangements for payments of their account prior to their first visit.

Payment for all medical services is due at the time of service, at which time we will provide you with a detailed receipt for your records. Payments may be made with cash, checks, Visa or MasterCard.

Payment of all account balances is due upon receipt of the statement from this office.

Please be advised that we routinely bill for the following services:

** **Telephone conversations** with you **or** your child's other care providers (such as pediatrician, teacher, therapist, etc.) of **10 minutes duration or longer**. As always we will be available for all calls that are of an Emergent Nature.
** **Onsite visits** to home or schools (including School Observations and IEP meetings).
** **Writing of additional reports/communications** based on **special request by the parent(s)**. Our regular reports are provided as part of our service.
** **Failure to notify our office of the need to cancel your child's appointment** twenty-four **(24)** hours in advance of the scheduled visit **or missing your appointment.** Currently this fee is $190.00.
** **There is a $30.00 charge for all checks returned unpaid due to insufficient funds.**

If you have any questions about your account, fees, or require any assistance, please contact our billing office during regular business hours. Please notify us immediately if a mistake appears on your statement.

Our practice firmly believes that a good clinician/patient relationship is based upon mutual understanding and open communication. We have instructed our staff to make every effort to clarify any misunderstanding you may have concerning your account balance. We hope to avoid any disagreement over payment for professional services.

Please keep this page for your records.

REV: 6/22/2015

1801 Oakland Blvd., Suite 340 Walnut Creek, CA 94596 Phone (925) 279-3480 FAX (925) 279-3485
www.progressionsdbpeds.com

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Financial Responsibility Form

I, _____ have chosen to use the services
Print Your Name
offered at Progressions: Developmental and Behavioral Pediatrics for my child:

_____
Child's Name

I attest that I am financially responsible for the above-mentioned child and agree to pay for all the services at the time the service is rendered.

I have read the attached **Financial Policy Statement** and **Progressions and You** pamphlet and understand my financial obligations and other responsibilities.

I understand and agree to hold true the attached Financial Policy Statement for my child's current and all future visits to Progressions, unless otherwise arranged with Progressions.

Acknowledged: _____
Parent or Guardian's Signature

Date: _____

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