Sprout pediatrics

Dorin Kemmerle, MD LLC dba Sprout Pediatrics
4350 Commercial St SE, Salem, OR 97302
(503) 877-4485 (888) 977-1263
SproutPediatrics.com

Financial Policy

Sprout Pediatrics aims to provide the highest level of medical care and service. We understand cost and coverage for medical services vary widely and we consider cost in our medical decision-making and recommendations. We control costs by offering several means of direct, individualized care and working together with families.

Insurance Plans & Participation

Sprout Pediatrics participates with most major insurance plans. Each insurance policy is different and it is impossible for us to know what are your particular benefits may be. Therefore, it's important for you to contact your insurance company directly with any questions regarding your benefits and to understand your financial responsibility at the time of service. We follow national guidelines (such as Bright Futures) but not all insurance plans cover the recommended services provided at Sprout Pediatrics, and you will be responsible for payment of services not covered by your insurance. More information on the most common non-covered services is available upon request.

Copayments and Deductibles

Depending on your insurance policy, a copayment and/or deductible may be required at the time of service. These payments are contractual requirements from the insurance company and cannot be written off by the clinic. Payment is expected at the time of service and may be made in cash, by check, or by credit, debit or Health Savings Account (HSA) card.

If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your full deductible, it is likely that any non-preventive services will require payment at the time those services are rendered. We are happy to discuss payment arrangements if you need to do so.

Credit Card on File

We require a valid credit card on file with the practice's secure payment service (Sprout Pediatrics does not retain any card data). Unless you have made other arrangements, your card will be charged the amount that your insurance company determines to be 'patient responsibility' as shown in the Explanation Of Benefits (EOB) they send you. Once your card is charged, a receipt will be sent to you by email. If you would like to make payment arrangements, please discuss this with us in advance. If you delegate another person to bring your child to an appointment your card will be used for payments due at that appointment.

Patients Without Insurance Coverage

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit.

Out-of-Network Insurance

If Sprout Pediatrics is not a participating provider with your health insurance plan we are happy to discuss options available so that we may provide care for your child(ren).

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Administrative Fee

At Sprout Pediatrics we believe coordination of care is central to good quality healthcare. This means many hours are spent providing services that insurance does not pay for. Some of these services include coordination of referrals, handling refills and care plans outside of office visits, after hours calls, phone consultation with specialists & schools, obtaining medical records, managing a patient portal and filling out school, work and other forms. In order to cover our costs we charge an annual administrative fee of $120 for the first child and $60 for each additional child (equal to $10/month for one child and $5/month for each additional child). This fee is due at the family's second appointment.

You may choose to opt out of the annual administrative fee and pay a-la-carte for these requests instead. Because billing for these services is onerous, a $50 fee will be charged for each request.

No-Show Fee

Missing an appointment without giving prior notice denies other patients the appointment time and threatens Sprout Pediatrics' ability to reserve appointments for urgent matters. We require notice of **at least 24 hours** for cancellations. Failure to notify the clinic in a timely manner will result in a no-show fee of $50, and I'll pay you $50 if I ever no-show for your appointment without notice. Families will be asked to transfer care out of the practice for repeated no-shows.

Payment For Services & Assignment Of Benefits

I have requested medical services from Sprout Pediatrics and understand that by making this request, I become fully financially responsible for all charges incurred. All professional services rendered are charged to the patient and are due at the time of service. If these services are covered by health insurance, Sprout Pediatrics is a participating provider, and the insurance company verifies coverage, then only the copay, coinsurance and/or deductible are due at the time of service. I hereby authorize and direct my insurance carrier(s) to issue payment directly to Sprout Pediatrics for medical services rendered. I understand that I am responsible for any amount not covered by insurance.

I have read and understood the above policy and agree to all of the provisions.

____ ____________________
Patient/Responsible Party Signature Date

____ ____________________
Patient/Responsible Printed Name Relationship to patient(s)

Child/Children(s) Name(s):

Child's name: ______________________________________ Date of birth: ____/____/____

Child's name: ______________________________________ Date of birth: ____/____/____

Child's name: ______________________________________ Date of birth: ____/____/____

Child's name: ______________________________________ Date of birth: ____/____/____

Child's name: ______________________________________ Date of birth: ____/____/____