



Pediatrics of Steamboat Springs

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TERMS OF PEDIATRICS PAYMENT PLANS

All payment plans for outstanding balances shall be set up for complete payment within 180 days, unless we have agreed to other payment arrangements in writing. Balances that remain outstanding for a period of 90 days or more may be referred to a collection agency, unless otherwise agreed upon in writing. If your account is referred to a collection agency, you will be responsible for paying a \$50 collection charge, which is in addition to your outstanding balance and any applicable interest. If your account is referred to an outside attorney, you will be responsible for paying all attorney fees and court costs, which are in addition to your outstanding balance and any applicable interest. If your account goes to Collections we will require that all future visits be paid in full prior to your service with cash or credit card. _____ **initial here**

We will set up your Payment Plan via autodraft from a Visa, MasterCard, Discover or American Express or your checking or savings acct on the 15th of each month of the payment plan. If your financial institution returns a status of insufficient funds, this will violate the terms of your payment plan and you will be charged a \$35.00 fee and Pediatrics will no longer accept checks from you. Your account may also be sent to and outside collections agency as covered above.

By signing below, the responsible party acknowledges that he or she has read and understood the foregoing Financial Policy and agrees to be bound by the terms and conditions set forth therein. You are entitled to your own copy of these documents and may obtain one from the front desk by request.

Guarantor (Payer) Name(s): _____ Account Number _____

Guarantor Signature _____

Patient(s) names: _____

Email address: _____

Amount Owed: \$ _____ Divided into how many equal payments? _____ Amount per payment? _____

Date plan established: _____

Stipulations of the plan:

Visa

American Express

Discover

Mastercard

Bank Account

Acct #: _____ Exp date: _____ CID: _____ Routing #: _____

Please circle the appropriate form of payment and provide the applicable acct information above.

Heather Skinner, Practice Manager, Pediatrics of Steamboat Springs: _____