



Orchid Pediatrics – Healthcare Financial Policy

Patient Name: *

Date of Birth: *

We strive to be transparent about financial responsibilities. Please review the following policies carefully:

1. Payment Responsibility

- All payments are due in full prior to scheduling an appointment.
- An appointment will not be added to the schedule until payment has been received.
- We accept most major credit and debit cards.
- Patients over the age of 18 are financially responsible for their own accounts unless a legal guardian/POA is documented.

2. Insurance Status

- Orchid Pediatrics is out-of-network with all insurance plans.
- This clinic does not bill insurance on the patient's behalf.
- Patients who wish to seek reimbursement may request a superbill (an itemized statement of services) to submit directly to their insurance provider.
- It is the patient's responsibility to verify whether their plan provides out-of-network reimbursement.
- Orchid Pediatrics is not responsible for denied claims, reimbursement timelines, or insurance communication.

3. Financial Policies

- Payment for services must be completed before the appointment is scheduled.
- Outstanding balances must be resolved before additional visits can be scheduled.
- Returned checks will incur a \$30 fee plus any bank charges.
- Fees for letters/forms (school, work, or personal requests) are \$60 per request.
- Orchid Pediatrics may adjust fees and service rates with at least 30 days' notice.
- We accept only approved payment methods (credit/debit cards; no cash or personal checks, unless otherwise noted).

4. Credit Card on File Policy



- A valid credit card is required to remain on file in our secure system.
- Cards may be charged for:
 - Visits (in-person, phone, or telehealth)
 - No-show or late cancellation fees
 - Outstanding balances
 - Additional services (letters, forms, etc.)
- Authorization remains valid until revoked in writing with 60 days' notice and account in good standing.

5. Cancellation & Refund Policy

- Cancellations made more than 1 week (7 days) before the scheduled appointment → Eligible for a full refund.
- Cancellations made within 1 week (7 days) of the appointment → No refund will be issued.
- Missed appointments (no-shows) will be charged the full visit fee.

6. Supplements Disclosure

- Vitamins and supplements are available through Fullscript and The Doctor's Supplement Store for your convenience.
- Orchid Pediatrics may receive a small profit from these sales.
- Patients are under no obligation to purchase supplements through our office.

7. Guardianship/Responsible Party

- Parents, guardians, or legally designated responsible parties are financially liable for minor patients or patients under guardianship.
- Proper documentation (e.g., guardianship letter, power of attorney) must be provided.

Acknowledgment:

I have read and understand the Orchid Pediatrics Financial Policy. I agree to comply and accept responsibility for any balance due.

PATIENT / GUARDIAN SIGNATURE: *

Date: *

Printed Name: *

Relationship (If Applicable): *
