

## Stanford Children's International Patient Services (SCIPS) Patient Financial Policy

Lucile Salter Packard Children's Hospital at Stanford (LPCH) wants to welcome you and your family. The following financial requirements will need to be met prior to your services being rendered. These policies help to ease the overall admission process.

1. You will be provided with a written estimate of charges as soon as a treatment plan is available. LPCH aims to provide our patients with the most accurate estimates possible. This will only be an estimate of charges, since each patient's level of care is different and actual services rendered may exceed the estimates for the hospital and physicians.
2. An initial deposit is required prior to services being provided. The initial deposit will be 100% of our estimate of total charges.
3. All payments are expected to be made in U.S. dollars. LPCH accepts VISA, MasterCard, American Express and Discover. Personal and cashier's checks written from a U.S. Bank and reviewed a minimum of ten (10) days prior to admit or date of service are also acceptable. No checks written on banks outside the U.S. will be accepted without prior approval.
4. During your course of treatment, additional deposits may be required if your charges exceed our estimates.
5. Prior to leaving, you will be provided with a summary statement of your accounts, reflecting all charges and deposits, which have been posted to your account as of the date of your departure. This listing of charges does not reflect the total charges posted to your account.
6. The final listing of charges for the physicians and hospital services will be available and forwarded to you within thirty (30) days from your discharge or date of service. You will be expected to provide payment-in-full on all charges exceeding your deposits within ten (10) days of the receipt of these final charges.
7. In the event your deposit(s) exceed the amount of the total charges for the hospital and physicians, a refund check will be mailed within thirty (30) days of the final billing statement for all accounts. If your initial deposit was provided on VISA, MasterCard, American Express or Discover, your refund will be credited directly to that account. Refunds of this nature are processed within the same thirty-(30) day period.

I have read the above statement, received a copy of this policy and fully agree to all the terms contained herein.

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Patient or Representative Name

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Date

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Patient or Representative Signature

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Date

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SCIPS Representative Name

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Date

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SCIPS Representative Signature

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Date