

Office Financial Policy

We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between the doctors of the practice and the child's parent or guardian. Your clear understanding of the financial policy agreement is important to our professional relationship.

INSURANCE

Payment for services is due at the time services are rendered, except as outlined as follows. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient to provide *accurate* and *timely* insurance information. Inaccurate or untimely information given to the staff that results in denial or noncoverage by your insurance company results in the guarantor being responsible for payment.

NONEMERGENCY APPOINTMENTS

Physicals, well-child checks, attention-deficit/hyperactivity disorder checks, and the like may be rescheduled if there are outstanding balances or if a co-payment is not made at time of service. If you are experiencing financial difficulty, please let us know. Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (eg, vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, emergency hospital care).

BILLING

We provide you with an itemized statement each time your child receives services. We accept cash, checks, MasterCard, Visa, Discover, or American Express. Charges paid at time of service will be discounted **X%**. Outstanding balances are due within 30 days, unless prior arrangements have been made with the billing department. A **\$X** rebilling fee will be charged to you if your co-payment is not made at the time of service. A **\$X** rebilling fee will be added to balances more than 30 days past due. A **second \$X** rebilling fee and a request-for-payment letter will be added to balances more than 60 days past due. A **third \$X** rebilling fee will be added to balances that remain outstanding more than 90 days and a certified final request for payment letter will be issued. Balances not paid in full within 10 days of the date on the final request letter *will* be forwarded to a collection agency. If your account is forwarded to a collection agency, we will continue to see your child on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

A **\$X** fee will be charged for all returned checks and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared.

The accompanying parent or adult is responsible for full payment at the time of service. In case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between the custodial and noncustodial parent. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

Should your account balance become uncollectible due to bankruptcy, we will continue to see your child on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

IF WE PARTICIPATE WITH YOUR INSURANCE COMPANY

All services performed in our office and at the hospital will be submitted as a courtesy to your insurance.

All co-payments are due at time of service. Deductibles and coinsurance are your responsibility and will be billed to you by our office. All insurance carriers have a fee schedule from which they will reimburse. However, the doctor's fee may be higher than what the insurance company reimburses, or it may not be a covered service. Therefore, any balances not covered by insurance become the responsibility of the patient.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE COMPANY

We are not able to bill your insurance and we cannot accept payment from them for the services performed. We will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement. Not all services provided by this office are covered benefits in all contracts. Payment for services is due at the time of service. A **\$X** rebilling fee will be added to balances not paid at the time of service.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments. For cancellations, 24 hours' notice prior to the appointment is requested. A **\$X** fee will be charged for a second missed appointment. After a third missed appointment in a family within a 2-year period, the family will be seen for 30 days as we must discharge from the practice due to a failed professional relationship.

FORMS AND FEES

There is a **\$X** prepayment fee for the review and completion of school/child care forms not provided at the time of the well-child examination. A school/child care form is provided at no cost at every examination. Please keep the original form and photocopy for your child's school, camp, or activity. This will help you to avoid additional fees.

There is a **\$X** prepayment fee for the transfer/copy of **INSERT NAME OF PRACTICE** records of the care provided for your children. This report includes immunizations, list of current and past medical problems, list of diagnoses from each visit, and growth charts—everything your next medical provider will need to diagnose and treat your child. If you require or desire a copy of all **INSERT NAME OF PRACTICE** provider records, there are additional charges based on the volume of records.

REFERRALS

If your insurance plan requires a written referral for your child to see a specialist, or for procedures or laboratory tests, you must allow us 3 business days to complete the appropriate form(s) prior to obtaining services. You may have to reschedule your appointment if enough notice is not given to prepare your referral. Only emergency referrals will be completed in the same day. Retroactive referrals cannot be written and will not be honored.

In general, we will not agree to a referral for a problem we have not been consulted about first. If a referral form is *not* presented at the time of service to the provider, the patient may be responsible for payment in full at the time of service. It is important that as questions arise, you contact your insurance company directly for final guidance and clarification.

THE FINANCIAL AGREEMENT

We must emphasize that as pediatric providers, our relationship is with you, not your insurance company. While the filling of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from THE DATE SERVICES ARE RENDERED. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.

When you become a patient at our office, we will ask you to sign a copy of our financial policy. Prepare for your first visit by signing our financial policy in advance.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY INSERT NAME OF PRACTICE. I AGREE THAT IF IT BECOMES NECESSARY TO FORWARD MY ACCOUNT TO A COLLECTION AGENCY, I WILL ALSO BE RESPONSIBLE FOR THE FEE CHARGED BY THE AGENCY FOR THE COSTS OF COLLECTION IN ADDITION TO THE ORIGINAL AMOUNT DUE. I UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE GUARANTOR.

Signature of Parent or Responsible Person: _____

Witness: _____

Date: _____

Siblings: _____

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