

## Chapin Pediatrics 2012 Financial Policy

We would like to thank you for choosing Chapin Pediatrics to provide healthcare for your child. Our staff is 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 practice and the child's parent or guardian. Your clear understanding of the financial policy agreement is important to our professional relationship. We require a signature to document that you have read and understand these policies.

### **INSURANCE / PAYMENT**

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. On arrival, please sign in at the front desk and **present your current insurance card at every visit.** 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 non-coverage by your insurance company results in the guarantor being responsible for payment. If your plan requires, you must name Chapin Pediatrics as your primary care physician prior to your first appointment. If a Chapin Pediatrics physician is not named on your insurance as your primary care physician, your appointment will need to be rescheduled. According to your contractual agreement with your insurance plan, you are responsible for your co-payment, coinsurance, or deductible at the time of service. **Please understand that all co-payments are due at the time of service and that you will be charged a \$10.00 convenience fee if you do not pay your co-payment at the time of service.** It is important for you to be an informed consumer who understands the specifications of your insurance policy regarding vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, emergency hospital care, etc. You should refer to information from your insurance company or call them if you have questions about your coverage.

### **BILLING**

We accept cash, checks, MasterCard, and Visa. **Outstanding balances are due within 30 days unless prior arrangements have been made with the billing department.** For balances over 60 days, you will receive a final request for payment letter and a \$20.00 billing charge will be added to your existing balance. 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. **You will be responsible for any costs incurred if your account is turned over to a collection agency which will include collection agency fees up to 35% of the outstanding balance, court costs, and attorney fees.**

The accompanying parent or guardian is responsible for full payment at the time of service. In case of parent separation or 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 on 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.

**Please call if you have a question about your bill. Most problems can be settled quickly and easily and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the care they need at the time they need it.**

**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 the 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. Not all services provided by this office are covered benefits in all contracts. Therefore, any balance not covered by insurance becomes the responsibility of the patient. We will only file secondary insurance claims with Medicaid. If you have a private secondary insurance, you will need to file with them yourself. Your secondary insurance company will send your reimbursement directly to you.

**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 a bill so that you may submit the charges to your insurance company for reimbursement. Payment for service is due in full at the time of service. A \$10.00 billing fee will be added to balances not paid at the time of service.

**WALK-IN APPOINTMENTS**

Patients are seen by appointment only. We are not a walk-in clinic. We will see walk-in appointments when time permits. You will be responsible for an extra \$25.00 fee due at time of service for walk-in appointments. True emergencies will be respected and triaged by our staff accordingly.

**NONEMERGENCY APPOINTMENTS**

We may reschedule physicals, well-child checks, attention-deficit/hyperactivity disorder checks, and the like if there are outstanding balances or if a co-payment is not made at time of service.

**MISSED APPOINTMENTS/LATE CANCELLATIONS**

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. For cancellations a 24 hour notice prior to the appointment is requested. However, we understand emergencies arise so please call us if you must miss an appointment. We reserve the right to charge a \$40.00 fee for missed appointments without proper notification. After a third missed appointment in a family within a one year period, the family will be seen for 30 days as we will discharge them from the practice due to a failed professional relationship.

**RETURNED CHECKS**

A \$35.00 fee will be charged for all returned checks. If you write a check that is returned, your account will be placed on a cash only basis where we will only accept cash or credit card payments.

**AFTER HOUR PHONE TRIAGE SERVICES**

Chapin Pediatrics provides nursing triage phone services for free during regular business hours. Most insurance companies also provide free 24 hour nursing triage phone services. We reserve the right to charge \$20.00 if you choose to utilize our after hour phone triage services.

**AFFIDAVITS / LEGAL MATTERS**

There will be a \$75.00 fee for notarized affidavits/letters that we prepare for custody, divorce, or any other legal matters. There will be a \$300.00 per hour fee (also applies to travel time) for any time needed for legal matters, depositions or appearances in court. These fees are not billable to your insurance company and are due at the time of service.

**FORMS**

We require at least 48 hours for all forms to be completed. There is a \$40.00 fee for FMLA forms.

**MEDICAL RECORDS**

We will provide a copy of our records on your child to another physician or medical office at no cost. If you request a copy of our records on your child for personal use, you will be charged customary fees that will be due on the day that you pick up the records.

**REFERRALS**

If your insurance plan requires a written referral for your child to see a specialist, for procedures, or laboratory tests, you must allow 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 on 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.

You may view this Financial Policy at [www.chapinpediatrics.com](http://www.chapinpediatrics.com)

**I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY CHAPIN PEDIATRICS. 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.**

***PLEASE DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT.***

Name of Parent or Responsible Person: \_\_\_\_\_

Signature of Parent or Responsible Person: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Siblings: \_\_\_\_\_