

Chapin Pediatrics 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 our 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 parent/guardian 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.** According to your contractual agreement with your insurance plan, you are responsible for your co-payment, co-insurance, and/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.

IF WE PARTICIPATE WITH YOUR INSURANCE COMPANY-All services performed in our office will be submitted as a courtesy to your insurance. All insurance carriers have a fee schedule from which they will reimburse. However, the doctor's fee may be higher than the insurance company's reimbursement amount 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 parent/guardian.

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.

BILLING

We accept cash, checks, MasterCard, Visa, and Discover. **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 request for payment letter and a \$20.00 billing charge will be added to your existing balance. Outstanding balances not paid in full within 90 days of the first billing statement will be forwarded to a collection agency. If your account is turned over to a collection agency, you will be charged \$75.00 for collection agency fees. You will also be responsible for any court and attorney fees. IF YOUR ACCOUNT IS FORWARDED TO A COLLECTION AGENCY, WE WILL CONTINUE TO SEE YOUR CHILD/CHILDREN ON AN EMERGENCY BASIS ONLY FOR THE NEXT 30 DAYS.** After 30 days, the child/children under your account will be dismissed from the practice. In order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

The accompanying parent/guardian is responsible for full payment at the time of service. **In case of parental 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 our office 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.

WALK-IN APPOINTMENTS

Patients are seen by appointment only. We are not a walk-in clinic. Should you choose to walk in for an appointment or add an additional child onto a visit already scheduled, we will decide if we can see your child time permitting. If your child is seen, you will be responsible for a \$25.00 walk-in fee due at the time of service. True emergencies will be respected and triaged by our staff accordingly.

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. **We reserve the right to charge for missed appointments.** For cancellations, a 24 hour notice prior to the appointment is requested. However, we understand that emergencies arise so please call us if you must miss an appointment. **After a third missed appointment in a family within a one year period, the family will be seen for 30 days to allow time to find a new medical home as we will discharge them from the practice due to a failed professional relationship.**

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 \$25.00 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/PRESCRIPTIONS

We require at least 48 hours for all forms to be completed. Please allow 24 to 48 hours for prescription refills to be completed.

MEDICAL RECORDS

We will provide a copy of our records on your child to another physician or medical office one time at no cost. **PLEASE NOTE: ONCE RECORDS ARE TRANSFERRED FOR A PATIENT TO ANOTHER OFFICE FOR PRIMARY CARE, WE WILL NO LONGER BE CONSIDERED THE PRIMARY CARE OFFICE.** In most cases, we will not accept transferred patients back into our care.

REFERRALS

If your insurance plan requires a written referral for your child to see a specialist, for procedures, or laboratory tests, you must allow at least 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 do not agree to a referral for a problem we have not been consulted about first.

MINORS

Effective January 1, 2016: to be in accordance with the South Carolina Code of Laws, we will not see children under the age of 16 in the office without being accompanied by a parent/guardian.

You may review this financial policy at 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.

Please print names of children:

_____	_____
_____	_____
_____	_____
_____	_____

Name of parent or legal guardian:

Signature of parent or legal guardian:

Date: _____