



## **FINANCIAL POLICY**

As a patient of Bloom Pediatrics, you will receive comprehensive health care. Our fees are related both the amount of time a provider spends with your child and the level of skill required to provide each type of service. We ask that you be prepared to pay for each office visit at the time of service. This includes co-payments and/or deductibles required by your insurance company. Your copayment, deductible or co insurance is determined by the contract between you (or your employer) and your insurance company. Unpaid balances will be subject to a late fee. The Parent or Guardian who brings the child to their office visit is responsible for payment at the time of service.

It is important for you to understand how your plan works. We will submit your bill for services to your insurance company on file. It is important to update your insurance changes so that we can send in you claim accurately. Having the correct insurance information in your medical record is important for our clinical providers to make sure any necessary lab work is sent to the right clinical lab and to make sure we process referrals correctly. If your insurance is one that we do not participate with, you are asked to pay in full at the time of service and we will provide you with an itemized statement for you to submit. If your insurance pays us directly, we will reimburse you promptly for any overpayment that has been made. Every insurance company has a different concept of what constitutes routine care, and they do not always follow American Academy of Pediatrics guidelines. It is not possible for our office to keep up with what each company does not consider part of routine care. Bloom Pediatrics follows AAP recommended guidelines and routinely performs certain tests/procedures that some insurance companies may not agree are part of recommended routine care. These tests will be billed to your insurance carrier, but if determined to be non-payable, or non-covered, for any reason, these charges will be the responsibility of the parent or guardian.

Please make sure you add your newborn to your insurance plan within 30 days of birth to ensure coverage.

Your insurance carrier may or may not require a referral from the primary care to specialist visits. If a referral is necessary and we have NOT, had a visit in our office for this particular concern, you will be asked to schedule a visit in our office for documentation and compliance purposes.

The Well Check Visit includes the physical exam, general health and wellness assessments and preventative counseling. Immunizations, Vision and Hearing screenings, developmental screens, blood work including blood counts, and cholesterol

screens are charged separately. Please be aware that your insurance may or may not cover these screening tests and the charges may become your responsibility.

Occasionally, when a Well Child Check Up is scheduled, the patient will have additional concerns. If that concern would have required a separate visit at another time, then this additional service may be subject to a copay or deductible as required by your insurance policy.

Please be advised that if your child is treated for an illness during a well-child check, we are required to bill a sick visit in conjunction with the well visit, per AAP guidelines. Your insurance company will process the sick visit according to your plan guidelines, applying copay, coinsurance, and/or deductible as applicable. If this happens, you will be responsible for any amount insurance deems your responsibility, and you will receive a bill for these additional services.

At sick visits, there may be separate charges for any labs, tests or procedures performed in the office. Your insurance company may apply these charges to your deductible for which you will be responsible.

After hours calls will be assessed a minimal charge based on our fee from CHOA for these services. We simply pass along the same cost we are charged, to you. Check with your insurance company for free after-hours nurse advice lines to help lower or eliminate your costs.

Your insurance company may require you to use an outside lab such as Lab Corp or Quest. If your provider sends you out for labs, you will receive a separate bill from the outside lab.

We accept cash, local checks, and all major credit cards for payment of your charges. Returned checks will receive an overdraft charge of \$35.00 per check due back to us by cash or money order only.

Our office has implemented a policy for no show or late cancellation appointments. If you fail to keep your appointment or call to cancel prior to 24 hours of the appointment time you may be charged a \$50.00 no show fee. No-showing an appointment not only takes up valuable space for another patient to get care they need, but also costs the practice time and money.

If your account is significantly past due requiring the use of an outside collection agency, you will be charged a processing fee to include collection agency fee and office administrative fees. Your patient relationship with Bloom Pediatrics will be terminated. Timely payment will prevent consequences to your credit rating.

If you are having financial difficulties, please speak with us to make alternate payment arrangements.

Thank you in advance for complying with our Financial Policy. Please let us know if you have any questions or concerns. I have read, understand and agree to the financial responsibilities under this policy

Patient name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_