

PARTNERS 4KIDS FINANCIAL POLICY

All of us at Partners 4Kids believe it is essential to our patients and their parents that we outline our expectations regarding the financial aspects of your visits with us. We have developed these policies based on industry standards and past experiences. These policies are presented for you to understand how we interact with you, your insurance company, and some of the constraints we must follow due to contractual and/or legal requirements. We encourage you to contact our Practice Manager at **340-774-KIDS (5437)** or send an email to info@partners4kids.com, if you have any questions.

Required at Check-In

1. Verify Personal Contact Information
2. Present Current Copy of Insurance Card
3. Present Current Picture ID
4. Payment of any Outstanding Balance
5. Payment of Today's Visit, Co-pays, Co-Insurance & Deductibles (Before going to the room)

Payment: The parent or guardian accompanying the child(ren) is financially responsible for the cost of the care provided. *Ultimately, you are responsible for any charges not paid by your insurance carrier.*

Copays: Per our contract with your insurance company, copays are due and must be collected at the time of service, including most "nurse" visits. Copays cannot be "comp'd" or credited to an account as this would constitute a breach of our contract with your insurance company. We may choose to reschedule an appointment if a co-payment cannot be made at the time of the visit.

Coinsurance and Deductibles: We will collect any coinsurance or deductible amounts due as identified by your insurance company. Health insurance policies are drastically changing year by year. Many policies are now applying deductibles and co-insurance to routine preventive screenings and procedures. Some of these include:

- Developmental screenings (CPT: 96110)
- Hearing screening (CPT: 92551, 92587)
- Vision screening (CPT: 99177, 99173)
- Postpartum depression screening (CPT: 96161)
- Behavioral & depression screening (CPT: 96127)
- Complexity of longitudinal care with primary care services (CPT: G2211)
- Telehealth Codes- Audio-Visual; Audio (CPT: 98000-98007; 98008-98016)

As pediatricians, these wellness screenings are critical in detecting concerns and conditions early such that we

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can ensure timely intervention. While families have the right to opt out, doing so may limit your pediatrician's ability to identify and address potential developmental, behavioral, or sensory issues in children.

There are several other codes that may not be covered in general wellness or problem-based visits.

We encourage you to **check with your insurance provider** to understand what is covered under your plan. We are actively working with representatives to advocate for these essential screenings to be fully included in wellness policies. In the meantime, we must abide by what your insurance guidelines stipulate.

Insurance Billing: Partners 4Kids will bill your insurance company for services provided. By having us bill your insurance company, you are assigning your benefits to Partners 4Kids. For us to bill your insurance company accurately and correctly, we require you to provide us with current information at every visit. This includes an up-to-date copy of your insurance card and a complete patient information sheet. These documents must be updated on an annual basis and/or whenever there is a change. Failure to provide accurate insurance and demographic information may result in you being liable for services rendered that day. If we cannot validate active coverage with your insurance carrier, your account will be considered self-pay. In such cases, we will collect payment at the time of service and refund any amounts subsequently collected from your insurance carrier.

If you are insured by a non-participating insurance carrier, we will expect payment from you at time of service, and it will be your responsibility to submit any claims to your insurance company for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process. You can have access to "My Kid's Chart" <https://p4k.pcc.com/portal/session/new> and see any pending balance. Ask a Patient Services Representative or our Office Manager how to register. A link with a temporary password will be sent via text or email. The instructions on how to navigate through the portal can be found on our website.

Uninsured (Self-Pay) Patients: Please note, we offer discounts for patients without health insurance. Please contact our office for more information.

Patient Insurance Claim Submission

Patients have the right to submit their own insurance claims or request that our office submit claims on their behalf. However, as part of our contractual agreements with insurance providers, we are required to charge the standard insurance rates established by our practice. Discount rates available to self-pay patients without insurance cannot be applied to patients using insurance, regardless of whether they choose to submit their claims independently or through our office.

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Billing: Partners 4Kids will bill you on a monthly cycle, for charges that have been identified as your responsibility. We will not bill you for charges that are currently submitted to your insurance company or for any contractually agreed upon adjustments. Payment is required within 30 days (about 4 and a half weeks) of the billing date. If charges remain unpaid after 30 days, a second statement will be rendered with a notice requesting immediate payment. 60 days (about 2 months). If charges remain unpaid after 60 days, a final statement will be rendered with a letter telling you that our relationship is subject to cancellation after 30 days of urgent and emergency care. All further services will be provided on a cash-only basis.

1. At the time of your registration or check-in, you will be asked for your credit card information to be electronically stored in encrypted form in our secure Payment Processing site. Only the last four digits are visible to our staff.
2. We will bill participating insurance plans for all charges related to the visit.
3. When we receive an explanation of benefits (EOB) from your insurance, we will send you a statement once a month. If we have not received payment by the end of the month, we will charge the credit card on file for the balance due (on the statement). In addition, any outstanding fees related to forms/documents, no shows, supplies, etc.
4. If we attempt to use your card and it is declined, we will send you a new statement with a note attached asking for current credit card information.

If the balance is not paid in full or a payment plan set up, a **rebilling fee** will be applied to your accounts in the amount of **\$30** for each monthly billing cycle. It is your right to refuse our credit card policy, however, please note that the **rebilling fee of \$30** will still apply.

Retroactive Denials: A retroactive denial is a reversal of a previously paid claim. That is, your insurance company denies a claim after paying for it and takes the money back from our office. If a claim is retroactively denied, the enrollee then becomes responsible for the payment. If you have a policy that was in effect for that date of service, your active policy may/may not pay for the charges, and we will gladly supply you with a claim form for reimbursement directly from your insurance company. Please note, some insurance companies have a timely filing period, and these charges may not be processed or paid. Please check with your insurance company for their guidelines.

Examples that can result in retroactive denials, this list is not all inclusive:

- When a third party* is legally responsible for payment
- Another health insurance company made a payment, and we did not receive notice
- You didn't pay your premiums on time and your coverage was terminated
- Your insurance paid for a service that you did not receive, was not medically necessary or wasn't covered

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by your benefits.

- There was an error in the claim
- Your policy was not active at the time of services
- Change in insurance and you did not provide us with the correct insurance at check-in for the visit.

Newborns: If you have a newborn or newly adopted child, congratulations! According to the [Newborns' & Mothers' Health Protection Act of 1996](#) your child may be eligible for coverage during the first 30 days of life. Please contact your insurance company and enroll your child within 28 days from birth. Permanent coverage must be in place before the automatic newborn coverage expires. You must have your child added to your policy by the 28th day of birth for the one-month well-visit to be covered. Please obtain an insurance card or proof of coverage to present at said visit. If you have not received an insurance card, contact your insurance company prior to the visit to verify coverage and request a policy number for your child. If you do not have active coverage, we may reschedule or delay your appointment, or you may be financially responsible for the visit.

Birth certificate: Once you receive your child's birth certificate, bring it to our office to obtain the Certificate of Clinical Record needed to procure your child's social security card. Please note, this document cannot be returned via email or portal as the Social Security Administration requires the original document. After the 30 days of childbirth the certificate will have a cost of \$25.00.

Vaccines: Most insurance plans cover the cost of immunizations. However, you should check with your insurance provider before scheduling your child's appointment for information on preventive services including vaccines. Some plans such as indemnity, private health plans and small company health plans may not cover routine visits or vaccines. Again, please check with your insurance to find out your plan's benefits. If you do not have health insurance, or if your insurance does not cover vaccinations, your child may be eligible for vaccines through the Vaccines for Children (VFC) program. The VFC Program helps families of eligible children who might not otherwise have access to recommended childhood vaccines. Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccines:

- **Uninsured:** A child who has no health insurance coverage at the time of visit.
- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (25

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U.S.C. 1603)

- **Underinsured:** A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) such as St. Thomas East End Medical Center, Maternal and Child Health (MCH) or via the Department of Health Immunization Clinic.

Please bring the immunization card with you to all visits.

Medical Records: Partners 4Kids charge a per page fee and any postage, payable in advance, if you would like a copy of your records printed/mailed to you or another physician. This per page fee policy is available upon request. Please allow 5 to 7 business days for medical records. Parents must fill out a medical release form. This form can be found on our website <https://partners4kids.com/> under the “Forms”. After completing the form, it can be sent via email to info@partners4kids.com or via fax to 888-979-9104. You will have access to the medical record of your child, when you activate your portal link to “My Kids Portal”.

Forms: Any forms needing to be completed by the provider will have an associated fee irrespective of the visit type. The patient’s portion should be completed prior to form completion (school, camp, FMLA, driver’s license, college form etc.). Please note that whether form requests are made electronically or in-person, payment must be completed. See the chart on the last page of this document.

Lab Charges: It is your choice to utilize one of the local community labs or utilize our office lab partner, LabCorp for certain tests that cannot be performed at our office. LabCorp will file claims for insured patients directly to their insurance companies. It is important to verify and update your insurance information and know which testing laboratories are in-network for your benefit plan. This information may impact your level of coverage. You may receive a statement from LabCorp if your insurance is out of network or if a copay, coinsurance, or deductible is due for laboratory services. These charges should be discussed directly with LabCorp. You may be responsible for any deductible, copay, or coinsurance due on in-house labs. Please verify your benefits with your insurance company.

Divorced/Separated Parents of Minor Patients/Court Orders: We believe that divorce, separation and custody agreements should not enter into a child’s medical treatment. The parent who is requesting the medical treatment is individually responsible for the payment of the medical bills. We are not a party to your divorce agreement; we will collect co-pays and deductibles from the *attending parent/guardian*.

“Joint Custody” means that each parent has equal access to the child’s medical record. Without a court order, we will

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not stop either parent from looking at their child's chart or obtaining their child's test results. In the circumstance of joint custody, we will not call the other parent for consent prior to treatment or to inform the non present parent of the assessment and/or plan of care, if any. Again, we will discuss with the *accompanying parent*, information pertinent to the child's history and/or present exam. It is then the responsibility of the parents to communicate with each other.

We reserve the right to charge an administrative fee for copying records should the requests become excessive.

Should issues between the parents become disruptive to our medical practice, we reserve the right to discharge a family from our care and responsibility.

Missed Appointments: We respectfully request that you notify us before the time of your appointment in the event you cannot make your scheduled appointment so that we have enough time to accommodate other patients. You can call 340-774-5437 or leave a voice message, send a portal message, or email us at info@partners4kids.com. Failure to provide notification or failure to show up for appointments will result in the imposition of a missed appointment fee of \$50.00.

There is a 10-minute grace after the scheduled appointment time. After the grace period, your appointment may be rescheduled. As a courtesy, Partners 4Kids will send a friendly reminder for all scheduled appointments, however, every patient / parent / guardian is responsible for any scheduled appointment.

Returned Funds: There is a \$25.00 NSF charge for all returned checks.

Non-Covered Services: As the subscriber, you are responsible for knowing the terms and limitations of your specific plan. Partners 4Kids is not responsible for charges incurred because of any service not being covered and/or paid for by your plan, the staff of Partners 4Kids cannot be responsible for knowing the terms of your plan policy. You are responsible for any visit, treatment, and/or equipment charged and not covered under your plan. See "Fees for Non-Covered Services" following Financial Policy.

Collections: We understand that at times there are extenuating circumstances that may limit your ability to pay off any outstanding balance. In these types of situations, we may be able to arrange a payment plan. Failure to meet payment obligations outlined in said payment plan will make the agreement invalid and the practice will then reserve the right to make a "Demand for Payment" on the remaining balance. Balances greater than 90 days old and where a payment plan has not been established may be turned over to an outside collection agency. In the event this occurs, you may end up being discharged from the practice and responsible for any collection fees incurred by Partners 4Kids.

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Eligibility and Benefits: You are responsible to ensure that one of the Partners 4Kids physicians is eligible to be your primary care physician and the authorized provider is within your insurance plan coverage. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to your plan contract. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. While we make the best effort to understand your insurance plan, it is your responsibility to distinguish services that are covered from those that are not covered. Please take the time to become familiar with your insurance coverage. You will be responsible for any charges denied by your insurance company if one of our physicians is not selected as your primary care physician or is not an authorized physician within your plan.

Reasonable and Customary Charges for Out-of-Network Insurances: Partners 4Kids, not your insurance company, establishes our fee schedule, which is based on published values. We reserve the right to accept or decline recommendations from your insurance company on what is defined as a reasonable and customary charge.

Online Payments: Balances can be paid online via our website using the “Pay My Bill” tab <https://partners4kids.com/Pay-My-Bill>. Your payment and personal information submitted through our online payment portal are safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all your personal information, including credit card number, name, and address, so it cannot be read over the internet.

Refunds: If Partners 4Kids owes you a refund due to overpayment or credit balance, we will issue a refund within the 30 days (about 4 and a half weeks) of the request, after our billing department has verified it. Any account that may have outstanding claims will not be eligible for a refund until all claims have been paid by the insurance company. Provided there are no other balances owed to Partners 4Kids, we will credit your credit card or send you a check, depending on how you made your initial payment. For any questions concerning a refund due, please contact our Billing Department at 340-774-5437 Option 3 or via email billing@partners4kids.com.

Waiver of Patient Responsibility: It is the policy of the practice to treat all patients in an equitable way regarding account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other financial responsibilities in accordance with state and federal law, as well as our agreements with payers.

After Hours and Weekend Charges: In accordance with national billing guidelines, if any service is performed on a Holiday, Saturdays, Sundays, or after normal scheduled office hours or for unscheduled walk-in appointments there is an additional fee that may or not be paid by your insurance company, you will be responsible for any unpaid balance, co-insurance or deductible, as per your insurance explanation of benefits.

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Insurance Partners 4Kids Accept

The insurance information below is a list of the insurances that we accept. Please have your card with you at the time of your visit. If we are a participating provider and we will file your claim, you are responsible for only the deductible or co-pay, and/or co-insurance at the time of the visit. If we are not a participating provider for your insurance, we will gladly supply you with a claim form for reimbursement. If you do not have insurance, you are responsible for the entire charge at the time of service.

- **Aetna**
- **APWU**
- **Blue Cross Blue Shield (BCBS) (PPO)(Federal)**
- **Cigna**
- **Cigna Intl.**
- **Corvel (with authorization letter)**
- **ELAN Health Smart**
- **GEHA**
- **Mapfre**
- **National Health Insurance (NHI)**
- **Tricare Prime (with authorization letter)**
- **Tricare Select**
- **Triple S (must have authorization letter)**
- **United Healthcare and Affiliates**

These policies are subject to change. A current copy of this policy will always be available on our website <https://partners4kids.com/>, at the office via email, or the patient portal.

Methods of Payment: We accept cash, checks (by mail), ATH debit cards, Apple Pay, Visa and Mastercard. We realize that temporary financial problems may affect payment to your account. If problems do arise, please contact our Billing Department or Office Manager on 340-774-5437 or via email billing@partners4kids.com for assistance.

Minimum credit card is \$20.00. Any require payment less than \$20.00, can be process on our website <https://partners4kids.com/Pay-My-Bill>.

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NON-COVERED SERVICES:	FEES:
No Show Fee	\$50
Returned Check	\$25
Forms: School/ Sports / Camp/ WIC	\$5.00 when completed during any wellness appointment.
School Physical	\$20.00
Forms: School / Sports / Camp/ WIC	\$10.00 not completed during a wellness visit and be up to date with regular physical
Forms: College / FIFA (Federation of International Football Association)	\$30 must have an updated wellness visit.
Forms: Driver's License / FMLA (Family Medical Leave Act) / Head Start / Social Security Letter (Patients > than 30 days old)	\$25 must have an updated wellness visit.
Rush (Same-Day) Forms:	\$30 must have an updated wellness visit.
Medical Records	\$1 (per page, not to exceed \$25, per patient
Ear Piercing / Earrings (14K gold earrings included)	\$100 (Gold Ball, two ears) \$115 (Cubic Zirconia, two ear) \$65 (Gold Ball, one ear) \$75 (Cubic Zirconia, one ear)
Inbody Assessment with Interpretation & Report	\$100.00
Medical and Miscellaneous Supplies	Varied costs may apply