
**THE MARYLAND PEDIATRIC GROUP, L.L.C.**

**FINANCIAL POLICY DISCLOSURE AND AGREEMENT**

Thank you for selecting The Maryland Pediatric Group, L.L.C. (MPG) for your pediatric healthcare needs. We would like to take this opportunity to inform you of our practice's updated financial responsibilities. These policies protect our ability to successfully provide care and responsibly adhere to mandated guidelines established by patient selected and contracted insurance companies. Your familiarity with the following policy statements and your willingness to comply are imperative for the delivery of our pediatric care.

**ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE PRIOR TO SEEING A PROVIDER**

The Maryland Pediatric Group, L.L.C. collects co-pays and any outstanding patient balances **PRIOR** to seeing the provider. Co-pays are required at the time of service as dictated by your insurance company. Outstanding patient balances are expected in full unless other arrangements have been made in advance. The Maryland Pediatric Group, LLC reserves the right to refuse service because of non-payment.

If you send your child into the office with another care giver, (i.e. grandparents, nanny, aunt, uncle, etc.) please provide that care giver with written consent and with your insurance card (or a copy) and co-pay to be collected at the time of service. (Consent form found on website). Any patient who is over 18 is expected to pay his/her co-pay and any outstanding balance at the time of service.

The Maryland Pediatric Group, L.L.C. accepts cash, personal check (in-state only), and credit cards. There is a service charge for returned checks of $25.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment **prior** to scheduling appointments. Please contact the Practice Administrator to make these payment arrangements.

**INSURANCE**:

We will ask you to verify your insurance at **EVERY** visit. Please make sure to bring your insurance card with you. We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service**. If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.**

You (parent/legal guardian) are responsible for keeping The Maryland Pediatric Group, L.L.C. updated with correct insurance information. If the insurance company you indicated on file is incorrect (or not up to date), you will be responsible for payment of that visit (or any visit where your insurance has not been updated). You will also be responsible for submitting these charges to the correct insurance company for direct reimbursement to you. Due to the strict filing guidelines, please be aware that you may have exceeded the time frame in which you may submit these charges and thus your insurance company may deny these charges. Again, you will be responsible for payment of any visit for which incorrect insurance is on file.

After receipt of your insurance payment, a patient statement will be generated. However, if you have an outstanding balance on your account and come into the office to be seen, payment of that balance is expected whether you have received a statement in the mail or not. Keep in mind; you may receive your Explanation of Benefits from your insurance company before we receive payment from your insurance company for any date of service. This EOB (explanation of benefits) will explain what your responsibility is to the practice. We are happy to supply you with a statement while in the office to compare your explanation of benefits; however, again, payment in full is due PRIOR to being seen.

**Insurance Balances and Coordination of Benefits (COB) Policy**

Once your insurance claim has been submitted, any portion of the balance your insurance carrier deems as patient responsibility will be transferred to you, and you will be expected to pay the balance in full upon notification.

If your insurance coverage involves Coordination of Benefits (COB) and there is a delay or denial due to unresolved COB issues between your primary and/or secondary insurance carriers, you will be responsible for full payment of the balance. It is your responsibility to resolve any COB discrepancies with your insurance company.

Should your insurance subsequently pay for any portion of the balance after resolution, the practice will promptly issue a refund of any overpayment to you.

We will also bill non-participating insurance companies as a courtesy to you. However, payment in full is expected at the time of service. Reimbursement for services rendered will be sent directly to you by the insurance company.

If you need assistance or have questions about insurance related balances, please contact our billing at Trusted Doctors between 8:00 a.m. and 4:30 p.m., Monday through Friday at 1-888-969-3735 option 1.

**BEFORE/AFTER HOURS APPOINTMENTS:**

The Maryland Pediatric Group, L.L.C. providers are in the office evenings, weekends and holidays to take care of your children. Effective October 2010, the Maryland State legislation (HB435) requires many insurers to pay an additional fee to primary care physicians who see patients weekdays between 6pm and 8am, during weekends or on national holidays. This typically is a covered service of your insurance company. However, this amount could be applied to your deductible or coinsurance, thus leaving you with an out-of-pocket expense. Please refer to your policy.

**PREVENTATIVE MEDICINE/ANNUAL PHYSICALS BILLING POLICY:**

Many insurance companies have changed their policies regarding your or your child's annual wellness visit (also known as routine physical, health maintenance visit, yearly check-up, school physical). These wellness visits are designed to conduct a physical examination, to review health goals and provide recommendations for healthy lifestyle choices (exercise, nutrition, sleep), administer vaccinations, monitor growth and development and conduct screening tests (blood pressure, blood work, hearing and vision screens, developmental screens, mental health screens). These visits are not designed to provide assessment and management of acute or chronic medical problems, such as asthma, diabetes, behavioral problems, sleep problems, ADHD, school related concerns, anxiety, depression, skin conditions (such as acne or eczema), injuries, menstrual irregularities or concerns, headaches, chronic abdominal pain, reflux or constipation, fatigue, pre-operative clearance or any other new significant problem or injury that happen to coincide with the annual visit. However, as your primary health care provider we welcome and encourage you to discuss any issues that concern you and we wish to provide follow- up for any ongoing health problems you may have.

In order to offer a comprehensive evaluation, and at the same time maximize your insurance reimbursement, our physicians may provide both preventative and diagnostic services, as appropriate during the same office visit. Most preventative services will be covered at 100%. Most problem-oriented services may be subject to a copay, deductible or coinsurance. If both types of services are offered, two visit codes will be billed with the appropriate modifier to indicate that preventative as well as problem issues were addressed. Some lab tests are not considered screening tests (if ordered as a diagnostic tool for a medical concern) and will be billed with the appropriate medical diagnosis.

If a medical concern requires a more comprehensive evaluation than what can be provided during the time of the wellness visit, your provider will offer you another problem based or 'sick' visit, within an appropriate timeframe. Our providers are committed to ensuring that we have the appropriate amount of time to conduct a thorough history and exam and review next steps in the evaluation of the medical concern.

Thank you for understanding our need to bill appropriately for the services we are providing while at the same time being sensitive to your insurance coverage. As always, we consider it an honor and privilege to care for you or your child(ren) and strive to always provide the most comprehensive care possible.

**REFUNDS:**

Overpayments will be refunded upon written request and issued to the responsible party within 30 days.

**FORM FEE CHARGES**:

Please see our website (www.mdped.com) for fees associated with forms.

**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. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed appointments or appointments not cancelled within 24 hours. Effective February 27, 2017, the charge for missed appointments is $25 for a single missed appointment Monday through Friday 8:00 a.m. to 4:30 p.m. and $50 for a single missed appointment during our extended hours on Saturdays. The missed appointment fee will be $100 for double appointments and $150 for triple appointments that are not cancelled within 24 hours. Excessive abuse of scheduled appointments may result in discharge from the practice.

**Appointments that are scheduled for the same day and cancelled on the same day or not attended (no show), are subject to the same fees as above.**

**MEDICAL SUPPLIES:**

If the practice orders any medical supplies or products related to the scheduled appointment with a provider in our office, the patient and/or the guarantor will be responsible for the cost of the supplies/products in addition to the fee imposed for missed appointments/late cancellations.

**SELF PAY:**

Under HIPAA, the Pay out of Pocket Provision states:

1. The patient or parent/legal guardian makes a Request to Restrict disclosure.
2. The disclosure is to a health plan for payment or health care operations.
3. The disclosure is not required by law, and
4. The protected health information pertains solely to health care for which the patient (or someone on behalf of the patient) has **paid for in full out of pocket**.

Therefore, the patient/parent/legal guardian has the right to request to pay out of pocket for services on a case by case/date of service basis (all services on any particular visit – we cannot submit some of the service to insurance and pay out of pocket for other parts of the service on the same day).

**POLICY FOR DIVORCED OR SEPARATED PARENTS:**

The Maryland Pediatric Group providers and staff are dedicated to our patients and providing quality medical care to your child(ren.) Our focus is on your child's medical, emotional or psychological health. We are not party to or to be involved in any legal issues involving divorce, separation or custody agreements. Please, read and agree to the following so that we may provide care for your child(ren).

1. The physicians, medical assistants, office and billing staff will not be put in the middle of domestic issues or disagreements over the phone or in the office.

2. Please make decisions regarding appointments, vaccinating and/or any office procedures **PRIOR** to visiting our practice.

3. Only in situations where there is a confirmed, documented Court Order will one of the parents be denied access to the minor child's health records or visits to the office. The Maryland Pediatric Group, L.L.C. must have a copy of this Court Order on file in the minor child's electronic chart.

4. If there is NOT a court order on file with The Maryland Pediatric Group, L.L.C. either parent or legal guardian can sign a "Consent to Treat" form that authorizes any named individuals (like grandparents, nannies etc.) to bring your child to our practice, be present during the visit and consent to any treatment during that visit. We will not be involved in any disputes regarding named individuals on the consent forms unless instructed by the court. Either parent or legal guardian can schedule an appointment for their child, be present for the visit and/or obtain a copy of the visit summary. (Subject to medical records fee.)

5. It is both parents' responsibility to communicate with each other about the patient's care, office visit dates and any other pertinent information relevant to the patient. It is not the responsibility of the physician to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following visits.

6. We will not call the other parent for consent regarding appointments scheduled, restrict either parent's involvement in the patient's care unless authorized by law, or tolerate appointment scheduling/cancelling patterns of behavior between parents.

7. **Furthermore, payments including copays, deductibles, coinsurance or any additional fees charged by your insurance are due at the time of service regardless of which parent is responsible for medical expenses. We are not a party to your divorce agreement. We will collect payment from the parent who brings the child to their visit. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Any disputes about payment that end up in the collections process will be due at the next time of service or the patient will not be seen.**

8. If we feel any of the above points are becoming an issue at the office and/or compromising patient care, we have the right to discharge the family from the practice.

By signing this form, you agree to honor the above policy and understand that breaking this agreement may result in the discharge of your family from the practice.

**AUTHORIZATION TO TREAT MINOR CHILD:**

I understand that I must provide a letter or complete the form (found on MPG's website www.mdped.com) authorizing any person other than the parents or legal guardian to bring my child(ren) to the Maryland Pediatric Group, L.L.C. for medical care and treatment. I understand that the person bringing my child(ren) will be subject to disclosure of medical and financial information pertaining to my child(ren). This letter must contain the specific date of service and/or must provide a time frame (start date/end date) for which this authorization pertains. The person authorized to bring your child must provide a copy of this letter at each and every visit. I further understand that the person authorized to bring my child for medical care and treatment must pay the copay, deductible, coinsurance or balance due at the time of service.

**AUTHORIZATION TO RELEASE MEDICAL RECORDS:**

In the event you need a copy of your child(s) medical records, we will be happy to forward a copy of the medical record(s) you have requested. The requested medical records will be forwarded within a reasonable time in accordance with State and Federal Regulations. However, to release any medical information, we must have a signed authorization (**form can be located at www.mdped.com**) from the person concerned or in the case of a minor child, the parent or legal guardian. The record release policy for The Maryland Pediatric Group, L.L.C. requires that a separate Authorization Form be completed for each medical record transfer request.

If the parent or legal guardian—or the patient, if over the age of 18—requests that records be released to another primary care pediatrician or primary care physician, **we will assume the patient is leaving the practice (MPG). The patient/child(ren) will be inactivated unless we are informed otherwise in writing by the parent, legal guardian, or the patient, if over the age of 18.**

According to law, the Maryland Pediatric Group, L.L.C. is permitted to charge for the cost of copying ($.76 per page) **for off-site medical records (if applicable)** as well as the actual cost of shipping and handling associated with processing the requested medical records.

Health care providers may require payment of the preparation, copying, shipping and handling fees and charges before turning the records over to a patient or other authorized individual. Health care providers are required to comply with subpoenas.

Therefore, the Maryland Pediatric Group, L.L.C. will require that record transfer fees are paid prior to processing the request.

**The above information is from the following State of Maryland Government website:**
**https://health.maryland.gov/mbpme/Pages/records.aspx.**

**COLLECTION AGENCY:**

Any outstanding balance that is the responsibility of the patient or guarantor and is greater than 90 days past due may be referred to a collection agency. If the patient or guarantor have an unpaid balance, **the patient may be dismissed from the practice for non-payment.**

# FINANCIAL POLICY DISCLOSURE AND AGREEMENT

**(Will be kept on file in patient(s) chart)**

Patient name: _____Date of Birth: _____

- _____initial. I acknowledge receipt and understanding of the financial policies of the Maryland Pediatric Group, L.L.C. listed in this agreement.
- _____initial. I acknowledge receipt and understanding of the Preventative Medicine/Annual Physical billing policy of the Maryland Pediatric Group, L.L.C. for myself or my child(ren) listed below.
- _____initial. I acknowledge that I have read a copy of this agreement. I have been offered a copy of this agreement. I acknowledge that if I do not take a physical copy of this agree that it is located on the website of the Maryland Pediatric Group, L.L.C. at www.mdped.com.
- _____initial. I acknowledge the same responsibility for the siblings listed below of the above-mentioned patient.

Other children seen at this office:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

**Signature of patient, parent, guarantor/legal guardian, insured and/or authorized representative:**

_____

Print Name: _____

Relationship to patient(s): _____ Date: _____

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