

# Financial Policy for Pittsford Pediatrics

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Payment is due at the time of service. Insurance is not a substitute for payment. If at any time financial difficulty prevents your family from seeking medical care please speak to your provider or the office manager.

Our policy includes but is not limited to the following:

- We collect co-pays and deductible payments up front at the time of illness visits. We collect the contracted fee allowed per your insurance company for a standard office visit. **This may or may not be enough to cover all charges billed at a particular visit.**
- We respectfully request that patients of any age bring their current up to date insurance cards for all visits. If we cannot verify insurance coverage at the time of the appointment, payment is expected for services rendered at that time.
- Please keep in mind that you may receive a bill for any balance not covered by your insurance plan, **INCLUDING BUT NOT LIMITED TO**: after-hours or weekend visits, throat cultures, flu swabs, psychological assessment tools, unmet deductible or co-insurance balances, etc.
- We will attempt to bill your insurance with the information provided to us by you, whether parent or patient. Insurance plans will **ONLY** accept claims billed for your child with the exact name listed on the policy. For that reason we are unable to bill insurances with nicknames or surnames. It is important that this information match exactly. If your insurance claims are rejected because of an incorrect name listed on the policy other than what you have provided to us, you will be responsible for these denied charges.
- If an incorrect Primary Care Physician is listed on an insurance card our office will request changing the PCP in order for services to be covered. This can be done by calling the insurance or faxing a change of PCP form.
- If your child is scheduled for a well visit and there are issues you would like to address that are beyond the scope of a routine exam, your child's physician may choose to address these issues at the same appointment, time permitting. Please understand that issues addressed outside of routine care may generate an additional charge for this portion of the visit. Any copay, deductible or coinsurance will be due from the patient/family and are not included in the routine exam portion of the visit.
- Most plans do not cover two well visits in the same year once a child is 3 years of age. If you choose to schedule two well visits in the same calendar year and the second one is denied, you are responsible for the charges. It is your responsibility to understand the policies outlined by your insurance policy.
- Most but not all insurance plans cover one well visit per calendar year. Some plans will only cover a well visit after 365 days have passed since the previous one. Please be aware of the guidelines set forth by your insurance policy and understand that you will receive a bill for services if they fall outside of your policy's parameters for coverage.

- We respectfully request 24 hours advance notice of cancellation. Failure to appear for and/or cancel a scheduled well visit or consultation appointment will be assessed a \$50 fee per office policy.
- Our policy regarding separated/divorced parents includes the right for EITHER parent to schedule, change or cancel an appointment UNLESS WE HAVE A LEGAL DOCUMENT IN WRITING THAT STATES OTHERWISE. We do not presume to know that one parent may or may not have rights to the child/children or may not be able to speak with us unless we have been provided legal documentation regarding the arrangements. We will in every way follow the legal mandates of a separation or divorce decree as long as we have been provided with the legal documentation and information. We unfortunately are unable to honor requests that we notify the opposite parent when an appointment has been made for that child.
- The PSC-17 (Pediatric Symptom Checklist) is a psychosocial screening tool endorsed and recommended by the American Academy of Pediatrics as part of comprehensive preventive care. It is part of the **standard of care** for adolescent health starting at age 12 years. It is designed to facilitate early recognition of cognitive, emotional and behavioral problems so that interventions can be initiated in a timely manner. While some portion of this may be covered by insurance, there may be a \$6-\$15 charge associated with the use of this screening tool.

**This information updates/supplements our previous financial policy.  
Please speak with one of our front desk staff or the office manager if you have any questions.**

**Please sign below that you have read and understand this information:**

**Date:** \_\_\_\_\_

Thank you for allowing us to care for your family!