



## Patient Financial Policy

Thank you for choosing Lynchburg Pediatrics as your primary care provider. We are committed to providing you with quality and affordable health care. Due to changes in your insurance plan, we have been advised to develop this financial policy. After reading the policy, please feel free to ask us any questions that you have.

**Insurance:** We participate in most insurance plans. If you are insured by a plan we do not do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. *Knowing your insurance benefits is your responsibility.* Please contact your insurance company with any questions you may have regarding your coverage.

**\*Effective January 01, 2023 all visits outside of the routine well visits will be charged as a sick visit, which may be subject to a copay based on your contractual agreement with your insurance company. These visits include but are not limited to: Alternate vaccine visits, ADHD follow ups with well visits, Repeat labs, ear rechecks, and medication checks.**

**Co-Payments and Deductibles:** All co-payments and deductibles must be paid in full at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from our patients can be considered fraud. Please help us uphold our agreement with your insurance company by paying your co-payment and/or deductible at each visit.

**Non-Covered Services:** Please be aware that some, and perhaps all, of the services you receive may not be covered or be considered reasonable by your insurance company. You must pay for these services in full at the time of visit.

**Proof of Insurance:** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your valid driver's license and current valid insurance card as proof of insurance. If you fail to provide us with the correct insurance information in a timely manner you will be responsible for the balance of your claim.

**Claims Submission:** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. *Your insurance benefit is a contract between you and your insurance company since we are not party to that contract.*

**Coverage Changes:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If you do not provide us with the correct insurance information in a timely manner, you will be responsible for the entire balance.

**Outstanding Balances:** It is your responsibility to keep your account with us current. This includes all outstanding balances due resulting from co-pays, deductibles, non-covered services, billing adjustments, etc. that are reflected in your Explanation of Benefits received from your insurance company and billing statements received from us. You must pay these outstanding balances in full prior to seeing the physician for your next appointment. Non-receipt of a statement(s) from us does not excuse your obligation to pay your outstanding balance.

**Nonpayment:** If you have a past due balance over 30 days old, you are required to pay in full or call our office to set up a monthly payment plan **before scheduling an upcoming appointment.** We value our patients and we are willing to work with you to settle your past due account. If you fail to settle your account or make payment arrangements, you will be given 30 days to find alternative medical care. During that 30 day period, our physicians will only be able to treat you on an emergency basis.

**Missed appointments:** Appointments cancelled with less than 24 hours notice will be subject to a \$75 No Show Fee.

**Holidays and After hours:** Appointments scheduled after listed business hours as well as holidays are subject to a charge to your insurance company. You may be required to pay this charge if your insurance company applies it to your deductible.

**Forms:** All forms that require a doctor's signature are subject to a \$15 form fee and can be expected to be available for pick up within 7 business days. If you would like the form expedited, it would cost \$25 to be available within 1-2 business days.