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PAYMENT POLICIES

Thank you for choosing VIP Pediatrics for your child's medical care. We are providing you with the following information to help you understand our insurance and billing policies.

Your Responsibilities

- You must **show your current insurance card at every visit**. This is to protect you from receiving a bill because we did not have correct insurance information. We will attempt to validate your insurance benefits at time of service and alert you to any problems. If we cannot validate your coverage, we may assign your account to self-paid status and request full payment at the end of your visit.
- You must **pay your co-payment at the time of the office visit**. Our contracts with insurance companies require us to collect your co-pay at the time of service. We accept cash, credit cards (VISA, MasterCard, Discover, American Express), and checks as forms of payment. In the event a personal **check is returned unpaid** from your bank, your account will be charged with a returned check fee of $30, and your account may be placed on a "cash only" basis for up to one year.
- Your insurance plan is subject **to copays**, **routine deductibles and co-insurance**. We require that you allow us to keep a credit card on file at our Credit Card Merchant Service provider so we can collect those charges as soon as your insurance carrier assigns the appropriate amount of patient responsibility. During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
- You must **cancel any appointment you cannot keep** at least 24 hours prior to your scheduled start time. Otherwise you may be assessed a $20 missed appointment fee. **No-show Appointment** fee of $20 for first no-show, increasing by $20 for every no-show in the family. If 3 no-shows occur for a family, no further appointments will be made and all of your children will be discharged from the practice.
- **Know your insurance benefits**. Your insurance policy is a contract between you and your insurance company, even if your employer provides it. There are many subtle differences in insurance policies, and employers frequently change coverage and co-payments. You are responsible for knowing what services are covered (and how often, in the case of well visits), and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance doesn't cover, or for which you have a deductible that has not yet been met. You should also be aware of where your insurance wants you to go for any lab or radiology procedures, so that in an urgent situation, you are seen at the appropriate facility and will not receive a bill.
- If your insurance plan requires you to **choose a primary care provider**, you must contact your carrier and select our office as soon as your medical records are transferred. In

accordance with carrier guidelines, we cannot schedule any appointments or write any referrals until we receive notice that you have been added to our roster.

- If you have a **newborn or newly adopted child**, congratulations! Most plans typically cover newborns for the first 30 days by the mother's policy, regardless of which parent will provide ongoing insurance coverage. You should contact your carrier as soon as feasible to add the new child to your policy. Permanent coverage must be in place before the automatic newborn coverage expires. Contact your carrier for coverage details.
- If your child is **covered by more than one insurance policy**, be sure you know which is considered primary. We must submit claims to the appropriate carrier(s) in the right order.
- **Carefully read all Explanation of Benefits (EOB) statements** you receive from your insurance carrier. We receive the same statements, and any charges which your insurance carrier designates as "patient responsibility" will be charged directly to the credit card on file.

Our Collection Procedures

- If your account is **self-paid**, all services must be paid for at the time of your visit. This may include situations where we cannot validate active coverage with your insurance carrier. In such cases, we will collect payment at time of service and refund any amounts subsequently collected from your carrier.
- If you have valid coverage with a **participating insurance carrier**, we will file an insurance claim within five business days of your date of service. If there are any problems with this submission, we will notify you immediately and request your prompt assistance with any conditions under your control that are causing a delay in processing. If your insurance carrier does not respond within 30 days, we will submit a second claim. If your insurance carrier does not respond to our secondary submission within 60 days from the original date of service you will be notified, payment will become your responsibility and the credit card on file will be charged
- If your participating insurance policy is subject to **routine copay, deductibles and/or co-insurance** that cannot be collected on the date of service, we will charge your credit card on file as soon as your carrier provides an EOB designating your financial responsibility for the claim. You will be notified, via specified billing preference, 10 days prior to charging your card on file.
- If you are **uninsured** or 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.
- We will no longer mail out patient statements. You will be notified, via your specified billing preference, 10 business days prior to charging your card on file. If you choose to pay by alternate payment method or need to set up payment arrangements, you will need to contact our office within this 10 day notification period. If your credit card on file is declined, our office will notify you. You will have 10 business days to update the information. If you do not provide the updated information in the specified time, your account will be considered delinquent. Routine (non-urgent) office appointments and routine paperwork/forms may be declined to delinquent accounts. If charges remain unpaid after 60 days, a final statement will be rendered with a letter informing you that our relationship is subject to cancellation after 30 days of urgent and emergent care.

- We reserve the right to place your account with our collection agency after all internal efforts to obtain payment have been exhausted. You are then responsible for any collection costs in addition to your outstanding bill. If you are presently in collection, the practice will use its discretion as to providing you with further treatment or asking you to find another physician.