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OFFICE POLICY ON PAYMENT, MANAGED CARE, INSURANCE & APPOINTMENTS

PLEASE READ CAREFULLY! YOUR SIGNATURE INDICATES AGREEMENT.

At Lighthouse Pediatrics we partner with parents to build bright futures for all of our patients. We believe that excellent pediatric care starts with establishing partnership with parents. The administrative/financial policy is designed to ensure you understand your responsibilities as we commit to provide you with excellent healthcare along with stellar service.

Co-pays: All co-pays are to be paid at the time of the visit prior to being seen.

Deductibles: Are the responsibility of the patient. A fee of \$140 will be collected towards ALL Sick visit appointments (i.e. non-well check appointments including sick child, medicine rechecks, growth checks, etc.) that have not met the annual deductible(s) as stated with your insurance when health benefits and coverages are verified. The fee will be collected on the day of service prior to being seen. The above fee is subject to change based on insurance fees.

Co-insurances: Are the responsibility of the patient. Based on your coinsurance percentage set by your insurance plan, we will calculate a payment due at the time of service (using \$140 as the estimated total amount) for ALL sick appointments. Any additional coinsurance fees determined to be patient responsibility by your insurance will be due for payment within 30 days. The above estimated total amount is subject to change based on insurance fees.

Insurance: As a courtesy to you, we will bill your insurance company directly if we are contracted with them after your visit. Insurance companies that we are not contracted with will require the self-pay rate to be paid prior to the visit. Any remaining balance that the insurance company advises us is your responsibility, such as deductibles or non-covered benefits, will be billed to you and payment will be expected within 30 days from the statement date. Note: Co-pays, deductibles, and co-insurance balances from *primary* insurances will *not* be billed to secondary insurances. If payment is not received within 30 days from your primary and/or secondary insurance(s) or payment arrangements made, your account will be reviewed for collections action.

If we cannot verify that your insurance is current, you will be responsible for payment in full at the time of services. If the insurance claim has been denied after submission for reimbursement for services, you will be responsible for the balance.

If you do not have insurance, we will provide an estimate for all services that will be rendered at the time of service. You will need to pay this estimate in full on the day of your appointment in order to be seen.

It is your responsibility to inform the office and doctor/nurse if your insurance requires you to use a specific lab or other outside facility for treatment or testing. Failure to do so may result in charges that your insurance company does not cover.

Account Balances: In the event you are unable to pay your balance in full, you must contact our office promptly to discuss your balance. All balances are expected to be paid in full prior to your next visit. If/When balances are not paid within 60 days, your account will be forwarded to collections for payment and reported to the credit bureaus.

Method of Payment: We accept cash, Visa, MasterCard, American Express, Debit Cards and HSA Cards. We do *not* accept Chime payment cards or checks.

Divorced, Separated, or Blended Families: Lighthouse Pediatrics will not become involved in any agreement,

understanding, and/or court orders. As always, payment is expected at the time of service. If reimbursement is to be from an absent parent, it is your responsibility to collect this reimbursement, not the responsibility of Lighthouse Pediatrics.

Appointment Confirmations: We attempt to confirm all future appointments starting one week prior to the appointment date. Appointments made seven days or less into the future are automatically confirmed. All other confirmations must be responded to via text inquiry, calling the office, via email, or via patient portal messaging. Appointments that are not confirmed within a 48-hour timeframe prior to the appointment time are subject to cancellation.

Late Policy: There is a **10 MINUTE GRACE PERIOD** for appointments, **except for initial appointments, 8:00AM, 11:00AM hour, 1:00PM and 4:00PM hour** appointments. Lighthouse Pediatrics reserves the right to ask you to reschedule for late appointments.

Missed Appointment/No show Administrative Fee: In the event you do not give a 24-hour notice for cancellation of a Well Visit or notify the office prior to a Sick Visit appointment time, this will generate a **Missed Appointment/No show fee of \$75.00** per child, per appointment for Well or Sick visits. This fee is your responsibility and **MUST** be paid prior to scheduling any other appointments. Appointments can be cancelled through phone call, the answering service, email, or portal. Repeated No Show violations may result in dismissal from the practice. This fee is subject to change.

Prescription Refills: Prescription refill requests must be made during office hours so that your child's chart is accessible to the Provider. Please have your pharmacy telephone number/location available when you call. Your prescription will be addressed within 1-3 business days.

Release of Medical Records: You must complete a Medical Release Form. The records will then be sent to you or to whom you have designated. All medical records will be sent electronically. If there is a balance on the account, it must be paid in full before records are sent. Paper or mailed record requests will be charged fees subject to standard rates.

Forms: We require up to three (3) business days to complete camp, sports, health, or immunization forms. Fees may apply depending on the type of form.

After Hour and Weekend Appointments Fee: Lighthouse Pediatrics offers concierge services for after-hours and weekend appointments. There is an additional concierge fee for services as well as the normal office visit costs. The concierge fee must be paid at the time of scheduling the appointment, this fee cannot be billed to your insurance company. All deductibles and co-payments are not included with the concierge fee and will be collected before service.

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