



## Financial Policy

**Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance about our office policy allows for a good flow of communication and enables us to achieve our goal. Please read each section carefully and initial. If you have any questions, do not hesitate to ask a member of our staff.**

### Appointments

- 1) We value the time we have set aside to see and treat your child. We do not double book appointments. If you are not able to keep an appointment, we require a 24-hour notice for any cancellations, or fees may apply.
- 1a) Any appointments modified 4hrs or less before the scheduled time will be considered as a no-show. Any patient with two no-shows within 12 months will be charged a \$25 fee. Any patient with 3 no-shows within 12 months will be charged \$150 and may be dismissed from our practice altogether.
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy (well-child) visit. Some insurance companies will only pay for 1 well visit every 365 days. Others will only pay for 1 well visit per calendar year.
- 5) There will be an additional \$35 charge for all appointments after 5pm and on weekends and holidays. This charge will be filed with your insurance carrier; However, if it is not covered (depending on our contract agreement with your insurance carrier) or applied to your deductible, the charge will become your responsibility.
- 6) **NEWBORNS:** We follow the AAP guidelines which recommend that your baby is seen for a follow up visit within 48 hours of your discharge from the hospital. Typically, this first office visit occurs at 3 to 5 days of age. This visit is generally scheduled as a “well visit” and is now most often covered by your insurance carrier as a well check-up. At this visit we check that your baby is starting to gain the weight that he or she lost initially, check how your baby is feeding, and look for signs of jaundice. This visit also gives us the chance to answer any questions you may have. If your baby is diagnosed with jaundice or any issue other than normal newborn well check, the visit may be billed as a sick visit or as a combination “well/sick” visit. Insurance companies limit the number of well visits. For those visits between the first well visit and the next 3 weeks, we are monitoring for weight gain/loss, establishment of effective breast feeding, lack of jaundice or other concerns. These visits will be billed as sick appointments. Please see our notice of what is involved in a combined Well + Sick appointment.
- 7) If you need a form filled out for your child, we ask that you please allow 3 business days to complete it. If you need the form completed in less than 3 days, a \$25 fee will apply for the expedited process.

**Initial:** \_\_\_\_\_

## Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designated is incorrect, you may be responsible for payment for the visit. If you can provide us with a valid insurance for the date of service, we will be happy to re-submit the claim on your behalf to the appropriate payor. If you are unable to do so, or you delay in providing the information within our 60 day timely filing limit, you will be responsible for the balance in full. You must keep your coordination of benefits (COB) updated at all times with your insurance carrier. Only you can provide COB information to your insurance carrier. If a claim is denied for COB, you will receive a bill from us as soon as we receive the EOB/Denial from your carrier. You will have 30 days to contact your insurance carrier to update your records and request the claim(s) be re-processed. You must obtain a Reference # from your insurance carrier and share that reference number with us after speaking with the insurance carrier. Without a Reference number we cannot do any follow up with your insurance carrier.
- 2) If your insurance carrier requires you to select a PCP, Triangle Pediatric Center, or the name of one of our physicians should be printed on your ID card, please ensure it is done. If not, you may incur higher copays and out-of-pocket costs or your claim may be denied altogether, leaving you responsible to pay the bill in full.
- 3) It is your responsibility (not Triangle Pediatrics) to understand your plan and to know what is covered and non-covered services and participating laboratories. For example:
  - a. Not all plans cover hearing and vision screenings, dental fluoride varnish, patient surveys that screen for depression, maternal post-partum, and high-risk adolescent behaviors. Asthma, skin tag removal and frenotomy/wart removal are often not covered as well. For any procedures that are not covered, you will be responsible for payment.
  - b. Insurance carriers limit the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment. Sports forms are usually good for 12months.

**Initial:** \_\_\_\_\_

## Referrals

- 1) Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days.
- 2) We will do our best to always refer you to an in-network specialist, but it is your responsibility to know if a selected specialist participates in your plan. Offices and individual providers will at times drop certain plans and insurance carrier contracts.

**Initial:** \_\_\_\_\_

## Prescription Refills

- 1) For monthly medication refills, we require notice of no less than 2 business days. Please plan accordingly.

**Initial:** \_\_\_\_\_

## Financial Responsibility

- 1) We ask all families to leave a credit card on file to be charged for all patient responsible balances. **See our Payment Card on File Policy for further details.**
- 2) According to your insurance plan, you are responsible for all co-payments, deductibles, and coinsurances.
- 3) **ALL CO-PAYMENTS/DEDUCTIBLES ARE DUE AT TIME OF SERVICE.** A **\$25 service fee** will be charged in addition to your co-payment/deductible, if the co-payment is not paid prior to your statement being sent out.
- 4) Self-pay patients are expected to pay for services in FULL at the time of the visit. The self-pay discount is only applicable if the entire visit is paid in full at the time of service. Please understand that this is an estimate and other charges may be added once the provider finalizes the visit notes and all the services rendered during the visit are accounted for.
- 5) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 6) Just as we make every effort to accommodate you when your child needs medical care, we expect you will make every effort to pay your bill promptly. If you have a financial hardship or are unable to pay your bill in its entirety, please contact our billing office. A credit card on file is required for all payment plans.
- 7) If your account becomes more than 90 days overdue your account will be subject to additional billing fees and collection costs. Should collection action become necessary, the collection agency may charge additional fees above the original balance due, as applicable by state law. You may also be held liable for all legal fees associated with the collection process, with or without suit, including attorney fees and court costs.
- 8) If previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 28 days will be charged a **\$25 re-bill fee** for each 28-day cycle. Any balance outstanding longer than 90 days will be forwarded to a collection agency.
- 9) For scheduled appointments, all prior balances must be paid prior to the scheduled visit.
- 10) If you participate with a high-deductible health plan, we require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file. Balances due after claims have been processed by your insurance carrier will be applied to the card on file. The billing office will contact you prior to charging the card on file only when the charge is above \$500.
- 11) We accept cash and checks, but prefer Visa, MasterCard, AMEX, Discover plus credit and debit cards.
- 12) A **\$30 fee** will be charged for any checks returned for insufficient funds.
- 13) All payment plans require a credit card on file that will be auto drafted as per the terms of your payment plan.
- 14) There will be an additional \$35 charge for all appointments after 5pm and on weekends and holidays. This charge will be filed to your insurance, however, if it is not covered or applied to your deductible, the charge will become your responsibility.
- 15) **Newborns:** Your newborn must be added to your insurance within 30 days. Ten days after completing your employer's required documents, You **MUST** follow up with the insurance carrier directly to confirm that your baby has active coverage. After 30 days, newborns without active coverage will be considered self-pay and required to pay each visit in full until the insurance coverage is retroactively added. If you will not be adding the baby to an employer sponsored plan, you must contact the Medicaid office prior to birth to start the application process, since Medicaid enrollment can take several months to complete.

**Initial:** \_\_\_\_\_

**I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.**

**Patient Name(s)** \_\_\_\_\_

**Responsible Party Member's Name:** \_\_\_\_\_

**Relationship Responsible Party Member's Signature:** \_\_\_\_\_

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

*On completion, we will provide you with a copy for your records*

