DV PEDIATRICS, LLC FINANCIAL POLICY

Thank you for choosing DV Pediatrics as your health care provider. Please understand that payment of your bill is considered a part of your care. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

Due to frequent changes in health insurance coverage, we require that you provide proof of insurance coverage at each visit. If you do not have insurance, are unable to provide proof of insurance coverage, or are on a plan in which we do not participate, full payment is required at the time of your visit.

All co-payments and deductibles are due at the time of service. These fees cannot be waived. Due to the expense of billing, a $25 convenience charge will be added, to patients whose co-pay is not paid on the day of service. For your convenience, we accept cash, check, and Visa/MasterCard (including debit cards).

NON-CONTRACTUAL INSURANCE
For those plans with which we do not have a relationship, you will be responsible for your entire bill at the time of service. We will provide you with a copy of your superbill, at each visit, so you will be able to file your claim with your insurance company.

CONTRACTUAL INSURANCE
If we are a participating provider, all co-pays and co-insurance amounts are due at the time of service. In the event that your insurance coverage changes to a plan for which we are not a participating provider, we will provide you with a superbill so you will be able to file the claim with your insurance company. The full amount will then be due at the time of service. Please be aware that some of the services provided may be non-covered services and not considered reimbursable under your insurance plan. *You are personally responsible for these services*.

We will routinely file your insurance claim for each visit. Should there be a dispute with your insurance company we will attempt to resolve it for you. During this time a statement will be mailed to you each month your account shows a balance due. For all insurance other than HMO's, if your insurance has not paid within 90 days; the balance may be transferred to your personal balance, which must be paid upon receipt. Your insurance policy is a contract between you and your insurance company, therefore, your balance is your responsibility.

Even though you have health insurance, you as the guarantor are responsible for payment of all services provided by DV Pediatrics. Therefore it is your responsibility to notify DV Pediatrics immediately of any insurance change, in order to ensure the correct insurance carrier is billed for services rendered. If there is a change in your insurance company please ensure that we are listed as PCP, if a PCP is required to receive payment.

VACCINES FOR CHILDREN (VFC) PROGRAM
Children who are not insured, or are insured but do not have vaccine coverage, are enrolled in Medicaid, or are American Indian or Native Alaskan qualify for the Vaccines For Children program. The vaccines are provided free of charge, but there is an administration fee, which is your responsibility. If your child qualifies and you would like to participate in the VFC program, it is required that the nurse be told at the beginning of your child's visit. We cannot implement this program retroactively.

INTEREST, LATE FEES, and COLLECTIONS FEE
We reserve the right to charge interest in the amount of 1.5% monthly (18% annually) as provided by the state law on all past due account balances. A late fee of $20 is applied to any item unpaid after insurance had adjudicated the claim (or 60 days from the date of service, whichever is less). Any delinquent account referred to collections will have a $300 collections charge applied. In addition, you are responsible for all legal fees, attorney fees, collection cost, and any miscellaneous expenses related to the collection of delinquent accounts.

PATIENTS WHO ARE NOT ACCOMPANIED BY A PARENT OR GUARDIAN
For unaccompanied patients, non emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard (including debit cards) or payment by cash or check at the time of service.

MISSED APPOINTMENTS
Missed appointments are very disruptive to our office. They also deprive others from an appointment to see the doctor. If you repeatedly miss scheduled appointments, you may be asked to seek medical care elsewhere. Please be courteous to those patients who need to be seen! A $25 No-Show fee will be charged for missed appointments.

WALK-IN APPOINTMENTS
In an effort to better serve our patients in a timely manner, we are asking that you **not** walk into the office without an appointment. Walk-in patients will be triaged and an appointment time made. In order to serve our patients, appointments are seen before any walk in appointments UNLESS an emergency exists with the walk-in patient A $25 convenience charge will be added and due with any other charges (co-pay, co-insurance, deductibles, etc.) at the time of service. (NOTE: If a child is being seen that day and the parent/guardian requests that we see a sibling/other child at the same time without a prior appointment, that child will be considered a walk-in and subject to this walk-in appointment policy.)

RETURN CHECK FEES
A $25 processing fee will be charged for checks returned as insufficient funds, stop payment on an issued check and checks drawn on a closed account. This charge is applied to your personal account balance and must be paid within 14 days of notification to avoid

further action. Any family account that has a history of more than two returned checks for insufficient funds will require cash or approved credit card payments for all visits thereafter.

DELINQUENT ACCOUNTS
If a large bill is anticipated and financial arrangements need to be made, a payment program may be arranged with our Practice Administrator prior to your visit. Failure to resolve any past due accounts including any returned checks will result in referral to a collection agency.

Any family whose account is forwarded to a collection agency will be dismissed from our practice. If you are on a plan that requires you to be assigned to a Primary Care Physician (PCP) then a copy of the dismissal letter will be sent to the insurance company so they will know to reassign you to another PCP.

TRANSFERING OF MEDICAL RECORDS
Because there are frequent changes in health insurance coverage and participating providers, it is often necessary for patients to ask that their medical records be transferred to another physician's office. An immunization record and problem list can be provided at no charge. Otherwise, there will be a $25 administration fee charged for each child's records to be transferred.

NURSE FEE
Any procedures performed by the lab nurse (strep screens, lab work, hearing and vision, etc.) that do not require a face-to-face visit with the physician will incur a nurse fee in addition to the procedure performed. All appropriate co-payments will apply.

DIVORCE, SEPARATION, AND CUSTODY AGREEMENTS
DV Pediatrics will not be party to custodial, separation or financial disputes relating to individuals with regard to minor children to whom services are provided. The individual who requests the medical services and signs the financial agreement is responsible for any balance due. All co-pays, co-insurance, and deductible, if applicable, will be collected at the time services are rendered from the individual requesting the medical services for minor child/children. We will not call the other parent for consent. The physician will discuss the minor's medical information with the accompanied parent at the time of the visit. DV Pediatrics will provide a copy of any medical records requested, although we reserve the right to charge a fee. Both parents have access to the minor child's medical records, unless there is a court order that specifically mandates only one of the parents have the right to authorize medical treatment and release of the minor's medical records. We reserve the right to discharge any patient from DV Pediatrics if an issue comes between the (divorced/separated) parents which would disrupt our practice. We maintain that divorce, separation, and custody agreements should not enter into the medical care of a child; such matters should remain between the parents.

CHECK OUT
All patients are asked to please check out before leaving the office. It is unlawful to intentionally walk out without satisfying your financial obligations after treatment has been rendered. Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

DV PEDIATRICS
Where Kids Count!

RECEIPT OF FINANCIAL POLICY

ACKNOWLEDGEMENT

I, _____ acknowledge that I have received a copy of the DV Pediatrics, LLC Financial Policyregarding the use and disclosure of my health information. I am aware that a copy is also located in the waiting areas of DV Pediatrics, LLC, and that I can request another printed copy.

_____ _____
Signature Date

_____ _____
Patient Name Relationship To Patient

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