BEACON PEDIATRICS

Beacon Pediatrics Financial Policy

The following information explains our Financial Policy. A copy of this policy will be provided to you upon request.

1. Insurance: We participate in most insurance plans and are happy to file your insurance if we are provided with a copy of your card and have accurate information. It is particularly important to verify your insurance information at each visit. Any remaining balance after insurance payments will be billed to you and is due within 30 days of the statement.

2. Copayments: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. We encourage you to become familiar with your policy. Making your copayment at the time of service will ensure that you meet your contractual obligation. It is also our obligation through our contract with the insurance company to collect co-payments at time of service. Uncollected copayments will be billed within 30 days of your visit. Repeated failure to make your copayment may be reported to your insurance company for follow-up. Patients with Medicaid as secondary insurance are still responsible for the primary insurance copay. Medicaid DOES NOT always cover the copay for the primary insurance.

3. Copayments for yearly physicals: A "Well Visit" or "Well Check" does not require a co-payment under the *Patient Protection and Affordable Care Act.* For your convenience, your physician or provider may discuss or treat your child for a medical condition during your child's well visit. This saves you from having to make several trips to our office. **As a result, a co-payment or deductible may be required by your insurance company if discussions beyond your child's preventive care occur.** Some examples of this are as follows:

a) Your Provider manages a **pre-existing/chronic problem** (e.g., constipation, ADHD, anxiety, depression, asthma, eczema, or allergies)
b) Your Provider treats your child for any **new problems** they are currently experiencing (e.g., fever, ear pain, sore throat, abdominal pain, cough, wart removal, acute joint pain, rash requiring a work-up, anxiety, ADHD).

For questions related to your benefits coverage and co-payments, please reach out directly to your insurance company. Our practice contracts with many different health insurance carriers and we do not know what benefits you may qualify for under your plan.

3. Proof of Insurance: All patients must complete our patient information form yearly. We must obtain a copy of your child's current valid insurance card to provide proof of insurance.

4. Claims Submission: As stated above, we will submit your claims and assist you in any way we reasonably can to help get your claim paid. Your insurance may need you to supply certain information directly, and it is your responsibility to comply with their requests. Please be aware that the balance of your account is your responsibility whether your insurance company pays your claim or not.

5. 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 your insurance company does not pay within 45 days, the balance may be billed to you.

6. PCP: If you have an HMO insurance product, you are required to elect a Primary Care Provider (PCP). You are responsible for electing a PCP with your insurance company before attending any visits to that PCP office.

7. Nonpayment: Patient balances are due within 30 days of the statement date. If no payment is made, reminder letters will be sent after 30 days and again after 60 days. Failure to contact us will result in a referral to an outside collection agency and possible dismissal from our office. Additionally, well visits may be cancelled until the balance has been paid or a payment plan has been set up. To avoid such actions, you must contact our business office to set up a payment plan or pay the balance. We will extend credit for 90 days unless other arrangements are made.

8. No Shows: Failure to show up for a scheduled appointment will be tracked in our computer system, and letters will be sent via our portal notifying you of the missed appointments. The first missed appointment will be logged as a warning. A $50 fee may be charged for a **second missed** appointment. The **third missed** appointment in a calendar year may result in discharge from the practice. For new patients, a fee may be charged if the FIRST appointment is missed. A late cancellation or no show for a Medication Evaluation with our Psychiatric Nurse Practitioner will result in a $100 fee. Please see our No Show/Cancellation Policy for further information.

9. Payment Methods: We accept all major credit cards, debit cards, and checks. We also accept credit card payments over the phone. Checks returned for insufficient funds may be turned over to a third party for collection. You will be charged a $25 processing fee on all checks returned for insufficient funds.

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Patient Signature (if 18+): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____