



Office Policy

Thank you for choosing Pediatric Professional Association as your child's health care provider. We believe in maintaining a positive relationship and clear communication with our families. Please read over our policy. We will be happy to provide further clarification if necessary.

Insurance:

Your health insurance policy is a contract between you and the insurance company. It is your responsibility to know your benefits and copayment due, as well as if PPA is in-network and participates with your insurance company. If your child is covered under more than one insurance plan, both insurance companies must be aware of one another (coordination of benefits). Failure to coordinate benefits will result in claim denials and charges may become your responsibility to pay. Your insurance plan requires that you present your insurance information at every visit to ensure correct billing and eligibility validation. If secondary insurance is not presented on the date of service, we will not submit to secondary. PPA is not obligated to file your claim to your insurance if we are not contracted with them.

Proof of insurance(s) and a valid photo ID are required at every visit. Failure to notify us of any insurance change within 2 days of your visit may result in the denial of your claim and charges will become your responsibility. Copayment is required at check-in. If your copayment is not paid on the date of service, an additional \$20 fee may be added to your account. If we are contracted with your insurance company, we will bill them for all services rendered in our office. Please be aware that the balance of the claim is your responsibility whether or not your insurance company pays your claim. If insurance has not paid for submitted claims after 60 days, the balance will become your responsibility to pay and you'll have to dispute with your insurance company regarding payment. Any denied services or balance remaining following adjudication of the claim is your responsibility. One electronic billing statement will generate for balances \$10 or greater, per patient. Statement notification will be sent to the primary email on the account. Statements are viewable and printable on your child's portal. Insurance companies are required to provide an explanation of benefits (EOB) to inform patients of their financial obligation to our office. EOB balances are due immediately and are not contingent upon receiving a statement.

If you do not have insurance, participate with a Health Share program, have insurance we are not contracted with or cannot provide valid proof of insurance at your visit, you will be responsible for payment at the time of service. Payment arrangements may be discussed with the business office.

Payment Card on File:

PPA requires all patients maintain a valid payment card on file. Any balance not paid by insurance will be charged to the card on file 29 days after PPA receives the explanation of benefits, unless payment in full has been received. If payment is due and your card has expired, you will receive email notification to provide us a new card within 72 hours or a \$20 fee may be applied to your account. If a card declines payment, you will receive email notification. A \$20 fee may be applied to your account for declined payments. Payment is due immediately and can be paid by calling our office or paying on our website www.ppadocs.com. For additional details, refer to our Payment Card on File Policy.

Technology:

Our practice prides itself on efficiency through use of technology. You will be encouraged to refer our website, sign up for the patient portal and utilize appointment texts to complete the questions via the link provided before you arrive for your appointment.

Patient Portal:

We strongly encourage the use of your child's portal. You can view and print: your child's immunization record, statements, payment receipts for FSA/HSA reimbursements and/or tax record purposes. You can submit refill and referral requests as well as send non-urgent messages to your physician's nurse. The portal will also show upcoming appointments. If you cannot remember your username and password, you can log in with your mobile phone number.

Newborns:

Newborns must be added to an insurance policy within 30 days after birth. After the 30 days, your insurance may not cover your newborn and you will be financially responsible for the cost of all care provided, in office as well as in the hospital, by PPA physicians. For your newborn's first appointment we will require a copy of the mother's insurance card used at the hospital as well as any additional insurance the newborn may be added to. When each parent has their own insurance policy, your newborn will end up in a "coordination of benefits" scenario, even if you do not intend to maintain more than one policy for your newborn. You will be required to call both policies for Coordination of Benefits, regardless of which policy you decide to add your infant. Failure to coordinate benefits with BOTH insurance policies will result in claim denials and charges may become your responsibility to pay.

Wellness Visits:

There may be components of a well child visit that your insurance company will not pay. It is your responsibility to know what is and is not covered. Well visits cover "well issues" (growth and development). Your insurance dictates these guidelines. When non-preventative services are provided, we are required to report those services. Your insurance will determine if you owe a copay, deductible or co-insurance after review of the services provided. If you receive a bill from us for the day a well visit was performed, then a screening was not covered or a non-preventative service was provided and your insurance has determined that you owe the physician.

Vaccination Waste:

If verbal or written confirmation is provided for a vaccine to be given to your child but then declined after it is drawn up, the full cost of the vaccine will be your responsibility as it cannot be billed to insurance.

Co-Parenting:

PPA does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility. We are unable to negotiate settlement of medical bills between you and the child's other parent. PPA is not a party to your divorce decree or court order; therefore, we will collect copayment and payment of any unpaid charges on the account from the individual bringing the child in for services. We will be happy to furnish you with receipts. Refer to the Co-Parenting Policy for additional details.

Missed Appointments:

A no call, no show sick visit will be charged a \$50 fee. Any well check or med check appointment missed, cancelled or rescheduled with less than 24-hour notice will be assessed a \$50 fee, unless we agree that you were unable to attend due to circumstances beyond your control. Appointment notifications are sent through text and email, but if these are not received it does not remove your responsibility. It is up to you to know your appointment time.

Health Forms/ FMLA Forms:

Health forms brought to your child's well visit will be completed at no additional charge. Health forms not brought at the time of your child's well visit/physical will be assessed a \$10 fee and processed within 3-5 business days. Health forms needed sooner than 3 business days will be assessed a \$20 fee and completed within 24-72 hours. Complex forms such as FMLA paperwork will be assessed a \$25 fee and completed within 14 business days. Blank forms will not be accepted. Forms are completed for those whose accounts are in good standing. Delinquent accounts must be brought current before forms will be completed.

Medical Records:

There is no charge for the first request of the DRS (Designated Record Set) which includes: office visit notes, immunization records and growth chart. There will be a fee for additional requests as well as for complete record requests. The release of medical information form is on our website and must be completed by a legal guardian, unless the patient is 18 years of age or older. The current fee is \$17.50 and payment is due upon receipt of request. Release of records may take up to 14 business days. Immunization records for current patients are on your child's portal for you to print.

Referrals to Specialist or Outside Laboratory:

From time to time it will be necessary for PPA to refer your child to a specialist and/or outside lab for further evaluation. It is your responsibility to make sure they are in-network with your plan. If there are any discrepancies, you should advise our office before proceeding so we can assist you with any necessary changes. PPA will not be financially responsible, under any circumstances, should you go to an out-of-network physician or facility.

After-Hours:

Phone calls: Your account will be charged \$20 for after-hours telephone calls when calling PPA and/or the Children's Mercy Nurse Advice Line.

Prescription Refills: Your account will be charged a \$25 fee for any prescription refill request after hours. This fee will only be waived for prescriptions that were sent during office hours that failed to be received by the pharmacy.

Returned Checks:

A \$40 fee will be charged for any checks returned for insufficient funds, plus all bank fees incurred.

Delinquent Balance:

Your account is considered delinquent 45 days from the date our office receives your insurance explanation of benefits. Your child(ren) will not be seen for a wellness visit/med check if there is a delinquent family balance. If payment is not received or arrangements made, we will assume you no longer want to have your children seen at PPA. If you ignore or fail to respond to your financial obligation, we reserve the right to discharge you from our practice.

Collections:

Balances not reconciled within 60 days will be referred to an outside collection agency. Any discounts previously applied to the account may be reversed. Accounts sent to our collection agency will be charged an additional fee of \$40 per account. A collection status may result in discharge from our practice. Upon discharge, your child(ren) will be seen on an emergency only basis for 30 days following date of notice, giving you time to find a new source of medical care. If an attorney becomes necessary due to non-payment, you will be charged for all fees incurred by PPA. Bankruptcy is considered a form of non-payment and may result in discharge from the practice.

Practice policies and fees are subject to change at any time without notice.

I have read and understand the office policy of PPA.

Printed Name_____

Signature of Legal Guardian_____ Date_____