

Lewiston Village Pediatrics Financial Policy

Thank you for choosing **Lewiston Village Pediatrics** as your primary care provider. We are committed to providing you with quality and affordable health care. Please read over our financial policy and ask us any questions you may have. We will have you sign a form in your electronic medical records stating that you have read, understand and will abide by the guidelines of this policy.

1. **Insurance.** Each patient is responsible for knowing his or her plan's benefits package, co-payment, co-insurance, deductible, non-covered services, and restrictions. We cannot quote coverage or benefits. If you have questions regarding coverage or benefits, please call your insurance company. Your insurance coverage is a contract between you and your insurance company. Lewiston Village Pediatrics is not responsible for services denied by your insurance company.

If additional services are rendered during your Well Visit/Physical, your insurance may make you pay a co-payment. Examples include but not limited to the following: Denver developmental test, ear wax removal, suture removal, spirometry, strep screen and urinalysis.

2. **Proof of Insurance.** All patients must provide a current valid insurance card before seeing the doctor. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the visit.
3. **Payments.** All payments are due **at the time of service**. We will bill your insurance and collect only the patient responsibility amount at the time of service. If, for any reason, it is not collected at the time of service, a billing fee will be added to your outstanding balance for each statement that is mailed.

We accept cash, debit cards, MasterCard, Visa and personal checks. Any outstanding balances are due within 30 days of the statement. The second and each subsequent statement will be charged a \$10 rebilling fee. If you are unable to pay on your account, please contact our billing office and we will be happy to make payment arrangements. All balances reaching 120 days may be sent to a collection agency.

4. **Co-payments & Deductibles.** All co-payments are due at the time of visit. **For all patients that have high deductible plans, we will collect \$50 per visit at the time of the visit until your deductible is met for the year.** The remainder of the balance after claim is submitted must be paid within 30 days of receiving the bill. If you are not prepared to pay your co-payment, co-insurance or deductible, it may be necessary to reschedule your appointment.
5. **Payment Arrangements.** If you are unable to make full payment of the account balance when due, arrangements for a partial payment plan can be made with the Billing Manager, Rose. She can be reached at (716) 754-2455.
6. **Claims Submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Many insurance plans have "timely filing deadlines". If we are not provided with accurate information at the time of service, you may be responsible for payment in full for all services rendered. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that

the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

7. **Coverage Changes.** If your insurance changes, IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE.
8. **Returned Checks.** Checks returned to us by the bank will be assessed a \$20 returned check fee, in addition to the original amount of the check. In addition, we will only accept cash or credit card for any future visits.
9. **Missed Appointments.** We understand that there will be times that an appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If you do not cancel by the deadline, a \$40 missed appointment fee may be added to your account. This fee is not payable by your insurance company and will be your responsibility to pay at or before your next appointment.
10. **Medicaid.** We accept Medicaid for newborn hospital follow-up exams. If you do not have the baby's Medicaid information available at the time of the exam, we will hold the charge for up to 30 days to allow time for the Medicaid number to be assigned. If you do not provide us with the Medicaid billing information within 30 days, we will change the account to "Self Pay- No Insurance". You will be required to make payment within 30 days or you will be subject to rebilling fees.
11. **Divorce Decree:** We are NOT a party to your divorce decree. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult.

If you receive a bill from our office, please feel free to contact our billing office to discuss any concerns you may have. The billing office number is 716 754-2455(BILL).

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I authorize medical care and accept financial responsibility for my children, my step children, and/or the child(ren) that I am accompanying. I am responsible for all the fees and will assure the charges are paid in a reasonable time.

I authorize the release of any medical information necessary to process any claims.

I have read and fully understand the financial policies of Lewiston Village Pediatrics, and agree to the terms. I also understand that the terms of these financial policies may be amended by the Practice at any time without prior notification.

Signature of Parent/Guardian

Date

Print Name