



OFFICE BILLING POLICY

We are contracted with numerous insurance plans. Please contact the plan you are considering to confirm that one of our physicians is a contracted provider with that plan.

It is your responsibility to know and understand the policies and benefits of your insurance plan. This includes:

- CO-PAYMENTS, CO-INSURANCE, DEDUCTIBLES
- COVERED HOSPITALS, LABS AND X-RAYS
- PRIOR AUTHORIZATION & REFERRAL PROCEDURES

We are a member of Brown and Toland Medical Group (BTMG). This is the only Health Maintenance Organization (HMO) group with which we are contracted. If you have an HMO Plan and plan to receive care in our office, your child's assigned Primary Care Physician must be one of the physicians in our office.

NOTIFY YOUR INSURANCE CARRIER OF YOUR NEWBORN IN FIRST 30 DAYS. Please add your baby to your insurance plan as soon as your child is born. Most insurance companies require that you add your newborn within 30 days of birth. If this is not done, your insurance carrier can refuse to add your newborn to your plan.

Be prepared to show proof of current insurance.

If you do not have proof of insurance, payment will be required at the time of service

Our office electronically bills your insurance company for professional services.

However, you are responsible for deductibles, co-payments and any charges not covered by your insurance company.

Help us keep your information up-to-date by bringing your insurance card to each visit.

Please be aware that co-pays are due at the time of service.

A \$10.00 Administrative Fee will be charged for any missing co-payments for which we need to bill you.



Well Child Visit Charges:

Most insurance plans do not require a co-payment or other out-of-pocket payments for routine well child examinations because these are intended to focus on preventive health. However, in the course of the Well Child visit, issues may come up that are beyond the scope of prevention that may require additional time for discussion and diagnosis.

In accordance with insurance guidelines, visits requiring extra physician time because of additional diagnoses will also have charges that are proportionate to the time spent and the complexity of the problem(s). Adding secondary diagnoses may trigger out-of-pocket costs such as co-payments and deductibles because the visit is no longer considered to be just for preventive health by your insurer. An acute illness at the time of the well exam may also trigger additional billing and out-of-pocket expense. Our billing must comply with insurance requirements and accurately reflect the care given during a visit.

Cancellations

Our office has a 24-hour cancellation policy. To avoid a Missed Appointment Fee, please notify us of your need to cancel at least 24 hours prior to your scheduled appointment time. Please contact our office if you are running late for your appointment. Though we make every effort to fit you in, your appointment may need to be rescheduled.

We accept cash, check and credit card payments. A fee will be charged for returned checks.

Other Fees:

There may be a fee for filling out forms, writing letters, copying medical records, checkups that are not part of the American Academy of Pediatrics preventive care schedule (i.e., school or sports physicals needed before due for well visit), and non-covered services and all associated services (i.e., vaccines not covered by your insurance).

Please notify our office if there is a change in the following:

- Insurance coverage
- Residential address and/or contact number
- Emergency contact number
- Legal Custodian