

## FINANCIAL POLICY

### NEWBORNS:

Please be aware that not all plans cover newborns with automatic coverage and patients may be asked to pay for the visit in full if our office staff is not able to verify coverage for the date of service. Newborn charges are often put to patient responsibility because the baby has not been added to the health plan. It is the parent's responsibility to contact our office once the baby is added to the policy so that we may submit the charges to the correct insurance, and they are processed correctly. If the parent fails to contact the office within filing time limits, the charges will remain patient responsibility. **Please call your insurance to add newborn within 30 days. Failure to add newborn child within 30 days may result in the child being denied coverage until the next enrollment period for the plan.**

### WELL CHILD EXAMS:

Please be aware that a physician may bill a sick office visit (99202-99205, 99212-99215) in addition to a previously scheduled preventative visit. Per CPT coding rules the well child visit code applies only to preventative medical care but does not include any issues related to chronic diseases or acute illness. Insurance companies process these claims according to their policy guidelines and the patient may have a balance due for the unrelated sick office visit.

All labs, hearing screen and vision screen are billed separate from the preventative office visit. Please be aware that each policy processes these charges according to your benefit guidelines and the patient may receive a bill for these services.

We recommend that you bring with you any school forms, physical forms, and medication forms to the well child visit to avoid any processing fees if the forms are not provided at the time of the appointment.

We charge a nominal processing fee to complete School Physical forms, Medication Forms, Day Care forms if the form is not given to the Provider at the time of the appointment. You may request a copy of fee schedule from the staff.

### CURRENT INSURANCE:

We verify insurance benefits prior to your child being seen by our providers. We ask that you present your current insurance card at every visit so that the office staff may copy it. Failure to update our office with correct insurance information on the date of service will result in the charges being billed to the patient. We are not able to bill new insurance if it is not provided to us in a timely manner.

Our office staff is only given a quote of benefits by your insurance company. It is never a guarantee of payment. We do our best to verify all vaccines and office visit co-pays and deductibles; however, ANY portion that is applied to patient responsibility by the insurance company is due in full at the time of service. If you have any questions about your benefits, we recommend you contact your insurance company so that they can explain your benefit package to you. Similarly, you can ask our staff about the benefits that were quoted.

### VACCINES:

If your health plan provides no vaccine coverage or you do not have health insurance, please let the staff know. We may be able to refer your child to the county health department for vaccines.

PAYMENT:

We collect payment (fees, co-pays, and deductibles) at the time of service. Statements will be mailed out monthly for any portion due that insurance may apply and payment in full is expected on receipt. Please review statements to ensure accuracy from all parties. We accept cash, personal check, and all major credit cards (Amex, Visa, MC and Discover) for your convenience. Credit card payments can be paid online through the Patient Portal.

We charge a processing fee for FMLA letters and Letters of Medical Necessity.

CURRENT INFORMATION:

The parents must update new address and phone information with the front office staff. Failure to do so will result in statements being undeliverable and accounts possibly being sent to collections.

REFUNDS:

Refunds must be requested from the office for any credit balance you may have on your account. They will not be automatically issued. Please allow ten business days to process. Refund will not be processed by credit card transactions. All refunds will be issued by paper check.

COLLECTIONS:

Accounts that remain unpaid will be sent to a collection agency for further collection proceedings and will result in patients being dismissed from the practice.

If you have a question about your account, please call our office at 972-781-1414 and speak to someone in the billing department. We are happy to assist you in any way that we can.

PLEASE CHECK THE BOXES BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICIES.

BILLING: All insurance co-pay and deductible amounts are due in full at the time of service.

NO SHOW FEE: Pediatric Offices at Willow Bend will charge a \$50.00 fee for failure to keep scheduled appointments. Please call our office 24 hours before a scheduled appointment to cancel or reschedule an appointment that you will not be able to keep. Please be aware that your insurance will not cover any no-show fees.

PATIENT RESPONSIBILITY: We will submit to primary and secondary plans that we participate with; however, we cannot guarantee payment. It is your responsibility to be familiar with your insurance benefits and confirm our participation. Any services that you receive that are not covered by your plan will be patient responsibility. Please call your insurance if you have any questions.

WELL CHILD VISITS: Many insurance carriers will now cover well child exams at 100% with no copay or deductible. Often during a well-child exam, other medical problems or conditions are

found or discussed that are not covered under the well visit. When this occurs, rather than rescheduling the well child exam, your child's provider may treat or manage the condition during the well child appointment. This includes addressing ongoing medical conditions if they exist. This additional encounter may be subject to your usual office visit charge, copay, or deductible.

**COLLECTIONS FEE:** Please be aware that if there has been no attempt to settle a balance on a patient account after 60 days of which it becomes due, the account will be assessed a \$25.00 collection fee.

**NSF CHECKS:** There will be a \$30.00 fee for all checks returned to us for non-sufficient funds. Additionally, we will no longer accept checks and will request payments by cash or credit card.

**GUARANTOR:** We can only bill the parent that signed the financial responsibility paperwork. We are unable to bill anyone who is not listed as the guarantor on the account. It will be the responsibility of the parent to forward the bill to another party.

**UPDATED INFORMATION:** Please be certain you have updated all demographic and insurance information at every visit. We are only able to bill the insurance provided to us at the time of service. If you become aware that the incorrect insurance was billed or you have new insurance that was not provided, you must provide it within 30 days of the date of service. We may not be able to properly submit claims if the information is not provided to us in a timely manner. Payment for services rendered will then become patient responsibility.

By e-signing below, I certify that I have read and understand Pediatric Offices at Willow Bend's Financial Policy as well as the terms and conditions of this notice.

X

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Parent/Guardian Signature