

Billing Protocol for Kidz Biz Pediatrics
Revised 12/1/2013

Statements

Statements are printed and mailed starting on the first day of each month. Statements are mailed after your insurance company has processed the claim. Any amounts on your statement are your responsibility upon receipt of statement. You will receive your statement soon thereafter depending on the status of your account. We accept cash, checks, debit and credit card payment. We will accept payment by phone.

0-30 days – Your bill is mailed to you and payment is expected at this time. Any information from your insurance company is contained on this statement and will most likely be highlighted for your convenience in easy access to the information that was provided to us. If the amount due is over \$50.00 we will enclose a payment arrangement form. You may complete the form and return it along with your first payment.

31-60 days – Your statement is mailed to you with a handwritten note as to why your insurance company did not pay the claim as well as the reasons being highlighted. Payment must be made at this billing to keep your account in good standing with our office. If your bill is over the amount of \$50.00 a payment arrangement form is again enclosed. Your account is noted that no appointments can be made with our office until your account is paid in full or payment arrangements are made with our office along with your first monthly payment.

61-90 days – Your statement is mailed to you with a note that collection procedures will start if payment is not received. Again, a payment arrangement form is enclosed if your account total is over \$50.00. Collection procedures have begun on your account and no appointments can be made until payment is received in full or payment arrangements are made and payment is received on your account.

91-120 days – A warning letter is sent with your statement. If your account balance is not paid in full by the end of the month your account will be sent to an outside collection agency and your family will be discharged from the practice for non-payment of account.

120 days – Your account has been turned over to an outside collection agency and your family has been permanently discharged from the practice. You will receive a letter releasing your family from the practice and your account will be sent to an outside collection agency. You will have 30 days to find alternative medical care for your children. If you need medical care at our office during this period you will be on a fee for service basis. Your account has now been sent to an outside collection agency and you must contact them to make any payment or payment arrangements. This amount is now against your credit rating.

If, however, you are making payments on your account and they are received timely every month we are willing to work with you and these statement aging notes will not apply. If, however, you do not have payment arrangements, are not making regular monthly payments on your account then your account will follow the above protocols.

If a check is returned to our office for any reason there is a \$30.00 returned check fee. A letter and statement will be mailed to you. You will have a time period to pay the amount of the check and the check fee. If payment is not received in full by the end of the time period your account will automatically be sent to an outside collection agency and your family will be permanently discharged from the practice.

Our office has the same protocol for all statements, regardless of the amount due. We cannot and will not make exceptions for families that have been discharged. You have defaulted on payment of your account and are a credit risk. Our office is willing to work with everyone regardless of the amount due to see that your balance is resolved in a timely manner long before your account reaches the collection status. We are willing to work with you, but if you are not willing to work with us, there is nothing our office can do to help resolve your account balance.

Other important billing information

Communication with our office is essential if you have a problem with a claim. You must follow up any claims that need to be reprocessed by your insurance company. When you have problems with your insurance company we cannot get involved due to HIPAA guidelines. The contract is between you and your insurance company. We must accept payment exactly as your insurance has processed your EOB (explanation of benefits). If you

think the payment is incorrect you must contact your insurance company to resolve any problems.

The above protocols will stay in effect even for claims that are being reprocessed. If there is a problem with a claim you must follow-up with your insurance company and have that claim reprocessed in a timely manner. If a claim has been sent to your insurance company through our electronic interchange or processed by your insurance and given a claim number, it cannot be resubmitted through our system. You will have to call your insurance company and have the claim reprocessed. The interchange will not allow a claim to go through more than once. It will not be reprocessed only duplicated.

If your insurance company is asking for COB, which is coordination of benefits, this information must come from the policy holder. Here again, we cannot get involved in family situations and we cannot supply the information for you. Your insurance company or companies will not process any claims until this information is provided to them. Therefore, we will ask for payment of claims until your insurance company has started to again process the claims.

It is your responsibility to make sure that our office has your correct insurance information.

All insurance coverage must be provided to us. You cannot pick and choose which insurance information you provide to us or which company is primary and/or secondary. Any and all coverage must be reported. The insurance companies will deny a claim if we do not have the correct information. MO Healthnet and most commercial companies know if there is other coverage and will deny a claim until that information is provided. If you have not provided correct information regarding all insurance policies you will receive a bill for all services provided.

We do not third party bill or work with workman's comp cases. Accidents, court cases, etc will be submitted to your insurance company. If you choose not to do this you must pay for all services at the time of service and you may have a receipt to give to any third party. You must inform us that you do not wish your insurance company to be billed before the service is performed. Payment is due at that time.

We verify your information at every appointment. We will not update all family members unless asked and the proper documentation completed for us to do so. We only update the information for the child with the appointment on that day. We have many family structures and never assume that all members of the family have the same information. If your insurance card is not correct, your copay has changed, or other changes have occurred and this information is not presented to us you will have problems with your claims. When new insurance cards are given to our office it is your responsibility to make sure you tell us the effective date and if any claims need to be sent to your new insurance company. It is your responsibility to make sure that all claims are processed by the correct insurance company.

We don't get involved and usually cannot get involved with your insurance coverage and claims due to HIPAA guidelines.

We are willing to work with you and will accept payment arrangements for any balance due at our office. At this time we are not charging interest so we do ask that you set your payment schedule to have the balance paid within six months. We also ask that you complete a payment arrangement form with a payment schedule that works for you and for us. We ask that you make a payment arrangement and keep that arrangement. If the payment schedule is not kept, the above billing cycle will continue and your account will be in jeopardy of collections. Please call our office if there is a problem and we will try to work with you. We realize that sometimes families have large deductibles and it is difficult to make payments substantial enough to meet your deductible for the year before another one comes due but we will help to set a payment plan that works for both you and our office. Please do not hesitate to contact us to set up payment arrangements. We would rather work with you than see your account delinquent and lose your family as patients.

If you would like more information please don't hesitate to ask our staff regarding any office policy. We are always willing to help in any way that we can to help you communicate with your insurance company.

12/1/2013