



## **Starkville Pediatric Clinic's Financial Policy**

Thank you for choosing Starkville Pediatric Clinic, PLLC as your health care provider for your children. We are committed to providing you and your child/children with the highest calibre of care. As part of your relationship with Starkville Pediatric Clinic, a clear understanding of our financial policies is important so you will know what actions Starkville Pediatric Clinic will be undertaking on your behalf as well as what your financial responsibilities are to Starkville Pediatric Clinic. Your health insurance policy is a contract between you and the insurance company. You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs.

### **You are required to:**

- Present the proper insurance card for your child/children at the time of service. You must bring a valid insurance card to every visit.
- Present a picture ID (driver's license preferred) for verification of identity, if requested.
- Pay your co-pay at the time of service. As participating providers with your medical insurance plan our office is required to collect your co-payment on the date of service. If you are unable to pay your co-payment at the time of your appointment the office will charge a \$10.00 administrative surcharge for processing your co-payment after your visit.
- Submit payment and assume responsibility for any and all charges your health insurance company does not pay for. This includes your co-pay, co-insurance, policy deductibles, and any and all non-covered services and the outstanding balance after your insurance company has submitted payment to Starkville Pediatric Clinic, PLLC.
- Pay your account balance in full within 30 days of receiving Starkville Pediatric Clinic statement of outstanding charges. If your payments are not received in a timely manner and your account is not kept current, your account will be sent to Starkville Pediatric Clinic's third party collection agency. Please note you will be responsible for all collection fees. Provided below is a more detailed description of your financial responsibilities.
- You are responsible for knowing the benefits and provisions of your particular insurance plan. If you have any questions regarding your benefits, please contact your carrier prior to your visit in the office.

### **Fees and Insurance Coverage**

We request that you be able to provide valid insurance coverage at every office visit. If we are unable to verify active coverage, any and all fees for your services will be due on the date of service. Insurance claims are filed as a courtesy with the participating plans when there is a valid insurance card provided. You must report any insurance changes to the office as soon as possible. Any information that is inaccurate, or received after the date of service may not be billable to the insurance carrier (in some cases), and may become the responsibility of the account guarantor.

When adding a newborn to your insurance plan, please check with your Human Resources department about requirements of your particular plan. Most plans require that newborns be added to the policy within 30 days of birth.

Many insurance policies require prior authorization for tests, including lab and radiology, procedures, specialists' referral visits or hospital admissions. While we try to assist our families with these guidelines, it is the responsibility of the policy holder to know and understand these requirements in order to avoid any costly penalties and denials by your insurance company.

### **Responsibility for Payment**

Even though you have health insurance, you as the guarantor are responsible for payment of all services provided by Starkville Pediatric Clinic. Starkville Pediatric Clinic will bill your insurance company for all services rendered, with the information you have provided us. If your insurance information has changed, please notify us immediately so we may bill the correct insurance carrier.

### **Co-Payment**

Your health insurance policy may state that you must pay a co-payment for all physician visits. This payment is due the day the services are rendered to your child/children. If, for an unforeseeable reason, you do not have the co-payment amount with you at the time of service, please be aware that Starkville Pediatric Clinic will be charging you an administrative surcharge of \$10.00 for processing your co-payment after your visit. Starkville Pediatric Clinic has a contractual agreement with the health insurance carriers to collect all co-pays on the date the services are rendered. Starkville Pediatric Clinic accepts cash, personal check, Visa, MasterCard, and Discover.

### **Divorced Parents**

Starkville Pediatric Clinic will not get involved in custodial, separation, or financial disputes involving or relating to divorced parents for a minor child(ren) to whom we provide services. The parent who signs the financial policy and registration form of the minor child(ren) will be the responsible party for payments of services rendered. Please note that the court Divorce Decree is an agreement between the two divorcing parties and not between Starkville Pediatric Clinic and the parents.

### **Medical Records**

Requests for medical records require a signed Medical Release Form stating the authorization of release from Starkville Pediatric Clinic to either the parent or current physician's office. All medical records will be subject to a processing fee and will only be released after the fee is collected. Please be advised that we are unable to fax medical records.

**If you are transferring from another pediatrician, we request that you have those medical records transferred to our office before services are rendered.**

### **Remaining Balance After Your Insurance Company Has Paid**

Starkville Pediatric Clinic will submit a claim to your primary health insurance company for services provided. Starkville Pediatric Clinic does not submit claims to any secondary health insurance companies. You will be responsible for submitting claims to that carrier. Once your insurance company has processed your claim, Starkville Pediatric Clinic will post any payment it receives to your account. If there is a remaining balance, the balance will now be your responsibility. This balance may include your deductible, co-insurance and any and all non-covered charges. As stated before, we request that you pay your balance in full within 30 days of receiving your statement.

### **Missed Appointment/ No Show Visits**

Missed appointments and late cancellations/rescheduling represent a cost to us, to you, and other patients who could have been seen in the time set aside for you. **We require at least a 24 hour notice** for any cancellations or rescheduling of a previously scheduled appointment. Failure to cancel or reschedule well child check ups 24 hours in advance will result in a \$25.00 administrative fee per appointment. These fees are not covered by your insurance company and are the sole responsibility of the guarantor on the account.

### **Dismissal**

If you are dismissed from the practice, it means you can no longer schedule appointments, get medication refills, or consider us to be your doctor. You will have to place your child in the care of another physician. Common reasons for dismissal are:

- Failure to keep appointments, frequent no-shows
- Noncompliance, which means you won't follow physician instructions about an important health issue
- Abusive to staff
- Failure to pay your bill

We will send a letter to your last known address notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on the letter, we will see you. After that, you must find another doctor. We will forward a copy of your medical records to your new doctor after you let us know who it is and a release form is signed.

### **Returned Checks**

Starkville Pediatric Clinic charges a service charge of \$30.00 for all returned checks.

### **Splitting Vaccines**

If you are a parent that has elected to 'split up' vaccines or vary the vaccination schedule, you will be required at each visit to pay any co-payment according to your plan benefits. Please verify with your insurance company the impact these particular situations/visits may have on your benefits.

I have read the above financial policy for Starkville Pediatric Clinic, PLLC and I agree to the terms listed above.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Starkville Pediatric Clinic, PLLC Financial Policies (November, 2014)