

OUR FINANCIAL POLICY

Upon registration we will need the following information & items: insurance card (if you are a member of one of the plans that we participate with), the name, date of birth, address of the person who is the plan member; government-issued photo ID, address, patient's date of birth, contact phone numbers of both parents and/or all guardians.

Health Insurance: When scheduling each appointment, our team will verify your insurance information with you. Our office staff will verify your eligibility prior to or upon check-in at each appointment. Please make sure you bring your card to every appointment, and if your insurance changes, please notify us as soon as possible.

We participate with many different plans and simply cannot know the provisions of every patient's policy. We do, however, recommend that you make every effort to understand your insurance coverage & if necessary contact your carrier prior to receiving services in order to verify your coverage levels and copay, deductible and coinsurance responsibilities. If you are new to the practice and have an HMO plan, please make sure you have called your plan to select our practice/doctor as your PCP before the day of your visit otherwise your child cannot be seen.

Initial: _____

Non-covered Services: Please note that there are some services that your insurance may not cover. These may include important tests which are considered pediatric standards of care such as Vision screens, Hearing screens, Developmental screens (i.e. CHADIS), and In-office lab tests. They may be part of your annual well-child visit. If your insurance rejects the claim for these screens or other services, we will bill you a discounted fee to ensure that you can afford the highest standards of pediatric care.

We pride ourselves on providing only the highest quality care for your child and do this by following American Academy of Pediatrics clinical guidelines and recommendations from other trusted evidenced-based resources. Unfortunately, insurance companies in their perpetual quest to improve their bottom line do not always share our high ideals.

Initial: _____

Balances, Deductibles & Copayments: It is our responsibility, as detailed by the terms of our contracts with health insurance companies we participate with, to collect copayments at the time of service, and to bill you for any portion of your treatment that your health insurance carrier assigns as your responsibility. It is your responsibility to pay this portion of your bill. We are happy to set up a payment plan with you if you are unable to pay the balance in full at any time. Just make sure to set that up as soon as you receive the bill. If balances are left unpaid, well child appointments will not be permitted and a 30-day notice for dismissal from the practice will be sent to you.

Initial: _____

Secondary Insurance: In some circumstances you may have two commercial insurance plans. We will submit claims only to the primary insurer and you will need to submit the explanation of benefits that you will receive in the mail from them to your secondary insurer.

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Returned Checks: If your payment by check is returned by the bank for insufficient funds (NSF), you will be required to pay a fee of \$50. If more than one check is returned in any given period, we reserve the right to require all future payment by credit card or cash to prevent this situation from recurring.

Missed Appointments: Life happens and we understand that sometimes you cannot make your appointment. Please call us at least 24 hours in advance to cancel or change your appointment. No call to our office equals a 'No Show' and if we can't fill your slot, we will need to charge you a \$40 fee.

Initial: _____

Credits / Refunds: Occasionally there may be a credit on your account. By signing below you authorize that any amount less than your copayment can be offset against your next visit rather than refunded to you. Credits above your copayment amount will be refunded to you promptly.

Self-pay patients: If you do not have health insurance, payment at the time of the visit is required. If we are out-of-network for your particular insurer, payment at the time of the visit is required. Our office can provide a claim form for you to submit to your out-of-network insurer.

Initial: _____

Pending Insurance: If your child has lapsed insurance, no well visit will be scheduled until coverage becomes active. For each sick visit you will be required to pay at the time of visit at our self-pay rate. If you are able to get coverage retroactively, we will submit claims retroactively and refund your self-pay charges after claims are processed minus any co-pays, deductibles, co-insurance and/or personal responsibility. If your child is a newborn please see our Newborn Insurance Policy.

Initial: _____

Guarantor: The parent or guardian who signs the patient's paperwork is the party responsible for all charges and payments. Due to confidentiality rules we can only bill the person who signs the practice paperwork, therefore, if the person responsible for the medical bill changes, the new guarantor must complete a new set of paperwork. Please inform us as soon as circumstances change.

After Hours fees: We do submit billing codes for after hour visits (after 5pm and weekends). Most insurances typically do not designate these charges as patient responsibility. However, with some plans, **patient may be responsible for after hour charges that may fall under their deductible/or co-insurance.**

Initial: _____

I have read, fully understand, accept and agree to comply with all the above policies. I agree to comply with any future amendments to our policies. I consent to the assignment of authorized health insurance benefits by my health insurer to Milestones Pediatric & Adolescent Care for any services furnished to my dependent or ward, and understand that failure to make payments timely may result in collection fees.

Patient Name(s) _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name (print): _____

Relationship to Patient: _____

Questions? Please don't hesitate to contact our billing department at 703-753-6772 during normal business hours.