

FINANCIAL POLICY
CARING HANDS PEDIATRICS
Effective 8/1/2015

Due to recent changes to employer-sponsored health coverage as a result of the Affordable Care Act, **Caring Hands Pediatrics** has implemented policies to insure we can continue to provide quality medical care for our families and remain fiscally sound. Most families will have an increase in family contributions in the form of higher co-payments and larger annual deductibles, which in turn created the need to put a new policy in place regarding payments. We value you as a patient of our practice. Please be assured that we make every effort to keep costs low while maintaining a high level of professional care.

PLEASE REVIEW AND INITIAL NEXT TO EACH SECTION BELOW AND RETURN TO OFFICE.

X _____ PAYMENTS:

- All copayments and coinsurance must be paid in full on the day of service.
- The custodial parents of the minor child will be responsible for medical expenses originating from our office.
- **For families with a yearly deductible:**
 - A **deductible** is an amount set by your insurance company, requiring you to pay in full up to this amount before your insurance will begin to pay for charges. A deductible is the patient's financial responsibility.
- The remaining balance must be paid in a maximum of 3 monthly payments.
- All balances will need to be kept current and in good standing before upcoming appointments can be scheduled.
- Payment plans can be approved by the office manager for those with extenuating circumstances.
- All outstanding balances not paid after 3 billing statements will be sent to collections unless other payment arrangements have been made in advance.
- Self-pay patients (patients with no insurance) are responsible for payments in full on the day of service.

**** Caring Hands Pediatrics accepts cash, personal checks (in-state only), VISA, MasterCard, and Discover. There is a service charge for returned checks. If an insufficient funds (NSF) check is received for payment on your child's account, you will be charged a \$25.00 NSF fee. In this case, you will be required to pay with cash, money order, cashier's check or credit card. Payments are also accepted online through our patient portal, or by using the following web link: <https://pay.instamed.com/caringhandspediatrics>.**

Patients with an outstanding balance **90 days or more overdue** must make arrangements for payment prior to scheduling appointments.

X _____ INSURANCE:

- It is your responsibility to provide our office with correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment for the visit if the claim is not submitted to the correct insurance in a timely manner.
- It is your responsibility to ensure that we are listed as your primary care doctor on your insurance card on the day of your visit. If your insurance company is not informed that we are the PCP, you may be financially responsible for the visit.
- We bill all insurance companies. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.
- If a claim is denied by your insurance company for any reason, such as a non-covered service, this amount becomes your financial responsibility. If you have a question regarding a claim that was denied, please contact your insurance company for clarification.

- If you need assistance or have questions, please contact the billing office between 7:30 a.m. and 4:00 p.m., Monday through Friday at 412-346-2406.

X _____ EXTENDED OFFICE HOUR FEE

If your child is scheduled for an evening appointment after 5pm during a weekday or anytime on a Saturday or holiday at either office, your child's claim to the insurance company will include an additional code for extended hours. Some insurances are covering this charge. However, if your insurance applies this charge to your deductible or coinsurance, you are then responsible for covering the fee.

X _____ MANAGED CARE:

If you are enrolled in a managed care insurance plan, (i.e.,HMO), you must receive a referral from our office before seeing a specialist. Retroactive referrals are not guaranteed. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if you require a referral or prior authorization for all services. Please call your insurance in advance of all specialty appointments, lab testing and/ or radiology testing to insure service is covered under your plan.

X _____ MISSED OR LATE APPOINTMENTS/ CANCELLATIONS:

- We value the time we have set aside to see and treat your child. We request that cancellations are made 24 hours prior to the appointment. There is a charge of \$25.00 for missed appointments. These fees are the patient's responsibility and cannot be billed to the insurance company. Excessive abuse of scheduled appointments may result in discharge from the practice.
- If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.

X _____ FORMS:

- If your child has a school, camp, or work form to be completed, there is a \$5.00 charge per form. An annual physical must be on file for your child and completed in the past year.
- If your child has a drivers' form that needs to be completed, he/she must have a physical no earlier than 6 months prior to their 16th birthday. A \$15.00 fee is charged. If your teenager requires a drivers' physical, a \$25.00 fee is charged and not billable to your insurance.
- If your child has a sports physical that needs to be completed, all WPIAA physicals must be done after June 1st of the current school year. A \$25.00 fee is charged and not billable to your insurance.
- If a form is brought to the appointment on the day of the physical no charge is applied.
- Any balance on patient's account must be paid in full to receive a physical form completion, unless other payment arrangements have been made.

X _____ TRANSFER OF RECORDS:

- If you transfer to another physician, we will provide a copy of your child's record free of charge if mailed directly to the new physician.
- If you request a copy of your child's medical record for your own personal use, a fee is charged, based on the allowable annual rates from the PA Medical Society. Please ask staff for current rates.

**** PLEASE NOTE: Not all services provided by our office are covered by every insurance plan. Any service determined to not be covered will be your financial responsibility.**

I have read and understand **Caring Hands Pediatrics'** Financial Policy. I agree to assign insurance benefits to **Caring Hands Pediatrics** whenever necessary. I agree to accept the responsibility for any payment that becomes due as outlined above.

Signature of insured or Authorized representative: _____

Print Name: _____

Date: _____

Relationship to Patient: _____

Revised 11/1/15