

Pediatric and Adolescent Care Associates, P.C
OFFICE FINANCIAL POLICY- 2019

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. It is responsibility of the patient or the guardian to pay for all the services rendered. For your convenience we will bill your insurance company directly. To facilitate the process it is important to take care of the following:
2. When making appointment make sure you have your current and updated information on your insurance, eligibility period and the financial terms.
3. On arrival, please sign in at the front desk and present your current insurance card at every visit. **IF THE INSURANCE COMPANY OR THE DETAILS THAT YOU PROVIDE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT.**
4. If we are your primary care physician (HMO, Medicaid plans etc), make sure the Doctor's name appears on your card. If your insurance company has not been informed that we are your primary care physicians as of this date, Insurance may decline the payment and you may be financially responsible for the visit.
5. **Co-Payments: Your insurance company requires us to collect copayments at the time of service. Waiver of copayments may constitute fraud under state and federal law.**
6. **The person accompanying the child is responsible for Copayment at the time of visit.** Please come prepared to make the payment at the time of visit.
7. In case you have secondary insurance, it is your responsibility to notify us of the details prior to the visit. Please let us know which is Primary and which is Secondary so that we can bill it accordingly. Failure to do so will result in charges to you.
8. **It is your responsibility to understand your benefit plan.** It is your responsibility to know if a written referral or authorization is required to see

specialists, if preauthorization is required prior to a procedure, and what services are covered.

9. **Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of visit.**
10. **Some insurance require 365 days to pass before they will pay for physicals - It is your responsibility to check with your insurance on your coverage before making appointments.**
11. **If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.**
12. **If you have no insurance, payment for an office visit is due at the time of service.**
13. **Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your bill.**
14. **We require 24-hour notice for canceling any appointments. There is a \$25.00 charge for weekend, and appointments scheduled after 5.00 pm if they are not canceled or given 24 hour notice.**
15. **A \$25.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.**
16. **We charge \$30.00 per child to copy or transfer medical records. Immunization records and last office visit notes can be provided free of charge. Additional charges may apply for records with significant volume.**
17. **Forms Completions - Physical forms will be completed as a courtesy during the visit if the patient provides the form at the time of the visit. Additional copies of the physical form will incur a cost of \$ 2.00.**

18. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must see approve referrals before being issued.

19. Not all services provided by our office are covered by every plan. Any service that is determined not be covered by your plan will be your responsibility.

20. IF PREVIOUS ARRANGEMENTS HAVE NOT BEEN MADE WITH OUR OFFICE, ANY BALANCE OVER 90 DAYS WILL BE FORWARDED TO A COLLECTION AGENCY. THIS COULD AFFECT YOUR CREDIT RATING.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____

Responsible party member's name Relationship

Responsible party member's signature Date: