

YOU WILL BE REQUIRED TO SIGN THIS FINANCIAL POLICY ONCE PER CALENDAR YEAR. **If you want a copy please ask at the time of signing.** You will be required at EVERY visit to show the patient's insurance card(s) and a photo ID.

This policy is complete and final and is subject to change at the discretion of the office.

- You MUST notify us of any secondary insurance.
- You MUST notify us if the patient has a Medicaid plan. There is no self-pay option for those on Medicaid plans.
- Withholding information on your insurance coverage is grounds for dismissal from the practice.

Healthy Starts Pediatrics, P.C. has developed this financial policy so you have a clear understanding of your financial responsibility which is important to our professional relationship.

1. **INTRODUCTION:** We will make clinical recommendations, which we think are in your best interest, based on the American Academy of Pediatrics guidelines. We cannot, however, guarantee that your insurance will cover all or any of these charges. Knowing the coverage and limits of your health insurance policy is your responsibility. If both parents carry health insurance for the patient, the parent whose birth DAY AND MONTH comes first in the calendar year is usually the primary insurer.

2. **GENERAL:** The parent/legal guardian/authorized adult who brings the minor child to any visit is expected to pay co-pays and personal balances at the time of visit. This is regardless of legal or custodial arrangements. We do not get involved in financial disputes between parents. **By signing this document, you authorize Healthy Starts Pediatrics, P.C., to discuss personal balances with the authorized adult you have chosen to accompany the minor child(ren) to any visit.**

3. **INSURED PATIENTS:** As a service to you, we will accept "assignment of benefits" with participating insurance carriers. This service will NOT be provided unless our office is provided with all the necessary information regarding the patient's insurance. Insurance is a contract between you and your insurance company. If your insurance carrier denies your claim, or does not cover a service we have provided, it is your responsibility to make payment in full to our office. Your insurance company may need you to supply them with certain information in order to process claims, called Coordination of Benefits. It is your responsibility to comply with their request or you will be billed for the service. Failure to pay this balance or to provide COB will result in dismissal from the practice and a bill for the balance. If your Auto insurance/Health insurance has not provided payment in full to our office, you will become responsible for any outstanding balance due.

4. **MANAGED CARE (HMO) PATIENTS:** Please provide the proper insurance plan identification. All co-payments are due at the time of service. It is your responsibility to confirm that we, Healthy Starts P.C., are the chosen Primary Care Physician (PCP) for your child/children on the date of service. You will be responsible for charges not covered if we are not the chosen PCP.

5. **PROOF OF INSURANCE:** All patients must complete our patient information form before seeing the doctor, must show proof of insurance and show a valid driver's license. If you fail to provide us with insurance information in a timely manner, you may be responsible for the balance of the claim. Note that **if you withhold information about an active insurance policy from us that delays the filing or payment of a claim, or fail to notify our office about a Medicaid or Gateway plan, you may be dismissed from the practice without notice due to non-compliance with legal insurance practices.**

6. **FEES:** You will be charged \$10.00 if your co-pay is not paid on the date of service.

- **There is a fee of \$25.00 for all returned checks which must be paid in addition to the missed payment within 30 days.** Patients who have paid by check that is returned for insufficient funds or closed accounts will be required to pay by cash or credit card only for all future transactions.
- **A \$10.00 fee is charged for forms that are completed if they are needed at any time other than during an appointment with a provider.**
- **There may be a \$25 fee associated with non-urgent use of our after-hours nurse triage service.**

Missed Appointments: Broken appointments are not a covered service by insurance plans and as such are a cost to us, to you, and to other patients who could have used that appointment time. By signing this policy, you acknowledge that you are expected to give a **minimum of 24 hours notice for Wellness exams and other non-urgent appointments, and a reasonable notice for urgent or same-day appointments, preferably, 2 hours.** Notifying our office without sufficient notice may result in the appointment being documented as a 'Missed Appointment'. 'No Shows' come at a cost as per our 'Missed Appointment Policy' and will be billed accordingly. By signing this policy, you agree to abide by this Missed Appointment Policy and pay any corresponding fees. These fees apply to all patients, including Medicaid and Gateway.

Beginning January 2019, all patients will receive a reminder call or letter upon the 1st missed appointment. Patients will be charged a \$50.00 missed appointment fee per scheduled child for the 2nd, 3rd and 4th missed appointments in a 2-year period. **Any missed appointment fees must be paid within 30 days in order to avoid dismissal from the practice.** These fees apply to **all insurances, including Gateway,** as a non-covered service. Missed appointments are accumulated per family. If the appointment missed was a check-up for 2 children on the same date and time, it is considered one missed appointment, however, we will not schedule future 'double' checkups for your children. For patients with ANY insurance, upon the 5th missed appointment, your family may be dismissed from the practice. If your child has Gateway, Medicaid or an HMO insurance, we will notify your insurance company to remove your child from our panel and they will assign a new PCP at their discretion unless you notify them of your PCP preference.

A \$5.00 monthly billing fee will be charged on all bills for any previously unpaid balances. Our office accepts Cash, Visa, MC, American Express, Discover, Checks. Post-dated checks will not be accepted. When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. If a check is returned for non-sufficient funds, another form of payment may be required for future payments.

7. SELF-PAY PATIENTS: Current patients without insurance who choose to utilize our services on a self-pay basis are **expected to pay the entire balance in full on the day of service** and therefore, will be given a 20% discount at this time. For those with insurance who request to bypass insurance, you must have an insurance that allows this (Medicaid and some HMOs do not), and **you must pay IN FULL at the time of the visit in order to qualify for this service.** A Self-Pay Policy is required to be signed at the time of the initial visit. Refusal to sign this policy will result in dismissal from the practice and no payment plans will be implemented. **Our fees are not 'estimates'** when quoted at the front desk. They are the actual fees for services that are visible to the front desk staff. **If additional services are later noted by the billing and coding office, or initial fees given to you were incorrect, you will receive an invoice for these charges or corrections upon the next billing cycle.** *We are not accepting new self-pay patients at this time.

8. PERSONAL BALANCE: If you have a personal balance and are not able to pay it in full, you must contact our billing office to set up an approved budget payment plan. A \$25.00 minimum budget payment is required on all personal balances every 30 days to remain in good standing with our practice. Failure to abide by the payment plan, may result in being sent to collections and possible dismissal from the practice. If no payments are received within a 90 day period, the dismissal process will begin automatically.

ASSIGNMENT OF INSURANCE BENEFITS

I assign all medical and surgical benefits to which I am entitled, to Healthy Starts P.C. I understand that I am financially responsible for all charges not paid by my insurance carrier. I authorize Healthy Starts P.C. to release all information necessary to secure payment.

By signing my name, I am stating that I have read, understand and agree to the terms and conditions set out above.

****YOU WILL BE ASKED TO SIGN OUR ELECTRONIC SIGNATURE PAD ****