



PREMIER PEDIATRICS PAYMENT POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality healthcare. Because some of our patients have had questions regarding patient and insurance financial responsibility for services rendered, we have developed this payment policy. Please read it and initial next to each of the item indicating that you have read and understand each topic. Please feel free to ask us any questions you may have.

Financial Topic	Initials
<p>Insurance. We participate with many insurance plans including Managed Medicaid plans. If you are not insured by a plan with which we participate, payment in full is expected at each visit. If you <u>are</u> insured by a plan with which we participate, but do not have an up-to-date insurance card, payment in full is required at each visit until we can verify your coverage. <i>Knowing your insurance benefits is your responsibility.</i> Please contact your insurance company with any questions you may have regarding your coverage provisions.</p>	
<p>Proof of insurance. All patients must complete our patient information form before seeing the doctor. We will need a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.</p>	
<p>Co-payments and deductibles. All co-payments and deductibles shall be paid at the time of service. This arrangement is part of your/our contract with your insurance company. It is our policy to collect a co-payment at every visit. If you do not pay your co-payment at the time of the visit (we accept cash, checks, and most major credit cards), we may add a billing charge to your account. Some insurance companies may exempt certain types of visits from needing a co-payment. It is impossible for us to know which company exempts which type of visit; often we must wait up to three months for the insurers' explanations of benefits' statement to find this out. If we should find out about an exemption when we receive the statement, we will adjust your previously paid co-payment as: A credit balance; or A refund, if requested by you in writing</p>	
<p>Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that any balance is your responsibility. If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.</p>	
<p>Late Fee and Return Check Fee. If your account is greater than 60 days past due, a late fee of 1.5% of the total amount owed will be assessed for each consecutive 30 day billing cycle until the bill has been satisfied. A \$30.00 fee will be assessed to your account for any returned checks.</p>	
<p>Non-covered services. Please be aware that some – and perhaps all – of the services you receive may not be covered for whatever reason by your insurance company. Our office follows nationally accepted standards for coding and submitting claims to insurance companies. These standards, Current Procedural Terminology, are recognized and accepted by all Federal (Medicare / Medicaid) and commercial insurers. Occasionally insurance companies misinterpret these guidelines and improperly deny payment for a service. Some of their incorrect explanations are that a service is “bundled” or “non-covered” and “non-billable”. If an insurer improperly denies or refuses to accept a correctly coded and submitted claim, we will need to bill the improperly “denied” portion to you. This portion becomes your payment responsibility. If you believe that such a situation has occurred, we will be happy to discuss this with you.</p>	
<p>Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise discussed. Please be aware that if a balance remains unpaid, we may need to refer your account to a collection agency, and you and your immediate family members may be discharged from our practice. Should this occur, you will be notified by regular and or certified mail that you will have 30 days to find alternative medical care. During that 30 day period, our physician will only be able to treat you for ongoing and emergency care.</p>	
<p>Missed appointments. We reserve the right to charge for missed appointments and for canceled appointments if the cancellation is not made prior to the day of the scheduled visit. These charges will be your responsibility and will be billed directly to you. Please help us to serve you better by keeping your scheduled appointment or by cancelling prior to the day of the scheduled visit.</p>	

Thank you for your understanding of our payment policy. Please let us know if you have any questions or concerns.

Signature of Parent/Guardian _____

Date _____