



PediatriCare of Northern VA, P.C. Financial/Payment Policy

We are doing everything possible to hold down the cost of medical care and we agree to provide quality pediatric services at a fair and reasonable price. You can help a great deal by eliminating the need for us to bill you and by understanding the benefits of your insurance. The following is a summary of our payment policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE:

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance, co-payments and outstanding account balances. PediatriCare accepts cash, personal check (in-state only), Visa/MC/Discover and American Express. Payments can also be made over the phone. There is a service charge for returned checks.

Since most patients we see are minors (under the age of 18 years), we consider the parent/guardian who arranged for the appointment and/or accompanied the child as the responsible party. Oftentimes, there are court orders that delineate financial obligations for medical care between a child's parents. PediatriCare of Northern Virginia is NOT a party to this court order, or bound by the court order. These orders only establish responsibilities for the parents. PediatriCare will seek payment from the responsible party of record in our office. It is then up to the parents to sort out the details of enforcement of the court order. Patients with an outstanding balance must make arrangements for payment prior to scheduling appointments for well care or vaccinations. We realize that people have financial difficulty. Our patient account representatives are available during regular business hours Monday-Friday to discuss payment arrangements with you.

INSURANCE:



Your insurance policy is a contract between you and your insurance carrier. PediatriCare of Northern VA, PC is not a party to that contract. We MUST emphasize that as your child's healthcare provider, our relationship is with YOU and not your insurance company.

We bill participating insurance companies as a courtesy to you. Nevertheless, YOU are responsible for payment regardless of your insurance company's decision to deny coverage or to reimburse less than the allowable charge. You are expected to pay your deductible, co-payment and outstanding balances at the time of service. This includes co-payments for siblings who are seen as "tag-a-longs" without a previously scheduled appointment. Your contract with your insurance company determines the amount of your co-pay and other patient responsibilities. Oftentimes, co-payment amounts are not clearly indicated on your insurance card. It is your responsibility to know whether or not you have a co-pay and to pay it at the time of service. If our front desk is busy and does not "ask" you for your co-pay or if your co-pay is not clearly indicated on your insurance card, **this is not to be considered a waiver of your contractual requirement with your insurance company to pay this fee nor is it to be construed as our waiver of acceptance of your co-payment at the time of service.** Co-payments not paid by you at the time of service will be billed with an additional \$15.00 fee. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

Please understand the benefits your insurance provides for office visits. It is your responsibility to know what services are covered. If you are unsure, check with your employer or call your insurer. As board certified pediatricians, we follow guidelines established by the American Academy of Pediatrics for rendering appropriate, quality medical care to your children regardless of the provisions for coverage you have with your insurance company. It is your responsibility to be aware of your insurer's provisions for payment of office visits, hospitalizations, immunizations, well-child exams, and routine annual exams including school, camp or

sports physicals.

Patients who arrive to be seen in our office with invalid/terminated insurance, lack of proof of continuing coverage (new insurance pending), or the wrong doctor's name on the card will be seen if payment for the visit is received at the time of service. Should you elect to reschedule your visit or not be seen you will be charged an administrative fee of \$75.00. It is the parent's responsibility to contact our office to provide insurance information once it becomes available.

Please register your newborn with your insurer as soon as you are discharged from the hospital. Care for your newborn is not covered by your insurance until the baby is officially registered on your plan. Most insurance requires this to be done before your child is 30 days old. We will not schedule any well-child exams after the 2 month exam for patients with previous balances and/or no verifiable insurance unless you are prepared to pay for the current exam in full and 50% of the outstanding balance of the account.

Oftentimes, claims are denied because your insurance company has requested additional details from YOU. Examples are "Coordination of Benefits" (COB) questionnaires and written requests for "accident" information. Your insurance company will not pay until you fulfill their request. Once again, the provisions of your insurance are between you and your insurer. In these cases, you will be billed for outstanding charges until the insurer receives the information from you, you ask the insurer to reprocess the claim and we are ultimately paid for our services.

If you need assistance or have questions, please contact the Office and ask to speak with a Patient Account Representative between 8:30 a.m. and 4:30 p.m., Monday through Friday at 703-330-3939. Our physicians and practitioner staff focus their time and attention on the care of your child and will therefore defer all billing questions or concerns to our billing office and our practice administrator. We welcome the opportunity to discuss any aspect of our financial/payment policies with you.

REFUNDS:

Overpayments/credits/unapplied credits on a patient account will be refunded upon written request to PediatriCare from the responsible party within 30 days.

MANAGED CARE:

If you are enrolled in a managed care insurance plan, (i.e., HMO), you must verify that one of our doctor's names is on your child's card. If your insurance company does not list us as the Primary Care Provider (PCP) and denies payment, we will bill you for all services. Oftentimes, there is a window of opportunity for you to change your PCP-please check with your insurer for the correct timing of this change. If you have an appointment with a specialist, you must also receive a referral from our office before seeing a specialist. 72 hours of advance notice required. NO retroactive referrals will be given. Referral Specialist can be reached by selecting Option 2 from the office's automated menu.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. There is a \$45.00 charge for late cancellations as well as missed appointments. For well care, cancellations are required at least 24 hours prior to the appointment. For sick appointments, a cancellation is required at least an hour prior to the appointment. Should you miss or late cancel an appointment for the third time, you will be charged a \$100.00 office visit fee for each additional late cancellation or missed appointment and you may be discharged from the practice. If an appointment is cancelled at the time of service due to having no proof of insurance or insufficient forms, there is a \$75.00 fee.

PATIENT BALANCES/ACCOUNTS OUTSOURCED TO COLLECTIONS:



Just as we receive an "Explanation of Benefits" (EOB) with payment from your insurance company, you too should receive a copy from the insurer that will detail any outstanding balances you owe to us. All bills for patient balances are mailed to the address of record. There is no provision for us to "magically" ascertain that we have the correct address. Therefore it is imperative that you update us with any and all changes to your child's account whether it is a change of address, phone number, insurance etc. On the rare occasion that our computer does not generate a statement for you of monies owed or that the bill has gone to an old address, we will assume that you have been notified that there is indeed a patient balance by the EOB sent to you from your insurer. If an outstanding bill is returned with no forwarding address it could result with your account in collections as well as you may be discharged from the practice.

Any and all outstanding balances over 60 days with no payment activity, any attempt to pay or dialogue with our billing office may be turned over to our collection agency. Please do not ignore these statements; please contact us to help you meet your obligations.

If your account has been outsourced to ICSys, there is an \$11.00 fee, please contact them with all inquiries. All future visits will be limited to sick visits only as long as you are in the "Letter Phase." If you do not pay your balance to the collection agency within 4 letters, you will be discharged from the practice and escalated to "Intensive Phase" of collections with an additional 30% collection fee.

Any patient who has transferred out or was discharged from the practice due to a billing problem will be required to pay the previous balance prior to being seen again. This is subject to Administrative approval.

ADDITIONAL CHARGES:

There is a \$15.00 charge for calling the on-call physician after hours. This service is provided for life threatening emergencies ONLY. You may view our website at www.pediatricare.com for advice or listen to prerecorded information on our phone lines at 703-330-3939 after hours.

There is a \$50.00 fee for all returned checks. Writing a "bad check" is punishable under law. Our office is contracted through FARS, a check recovery service provided by our bank. FARS will retrieve a bounced check as well as the \$50.00 fee direct from your account. Do not try to pay this direct to the Office. This is an automated service that will try to retrieve the money twice from your account. If the service is not successful, PediatriCare will add the \$50.00 to your balance here and it will be submitted to collections.

Any visits that are unscheduled (walk-ins) are subject to an "emergency services" fee of \$150.00. Our receptionists are always available to schedule appointments for you M-F, 8:30A-12:00P, 1:30P-4:30P and Sat, 8:30A-11:30A.

Any appointments that take place on Saturday, or any federal holiday/federal holiday observed (as designated by the U.S. Office of Personnel Management) will incur an additional \$60.00 fee.

There is a \$15.00 fee for the retrieval of records from our off site secure storage facility for patients who are inactive (patients not seen in office within the past three years of patients who have previously left the practice). Payment is required prior to the retrieval of records.

We use HealthPort to copy all of our medical records. You must complete a PediatriCare of Northern VA transfer form prior

to your records being copied. HealthPort does charge a fee for this service which is detailed on the transfer form and conforms to VA State Code. PediatriCare of Northern Virginia does not benefit financially from this service. All questions with respect to copying records should be directed to a representative from HealthPort, they can be reached at (770) 754-6000.

PHYSICAL FORMS/OTHER DOCUMENTS/LETTERS:



Pediatric Care will provide to you at NO CHARGE: one original form and one copy of the original blue form, physical form, and any document/letter. Should you desire additional "COPIES" of these forms, the charge will be \$5.00 per copy. If you request an additional "ORIGINAL" the charge will be \$25.00. These fees are to be paid prior to releasing the form and can be paid by cash, check or credit card. Request made by phone to be mailed to you must be paid by credit card at the time of the request.