

## Our Financial Policy

PediatricCare of Northern VA, P.C. follows both State and Federal guidelines in billing for services rendered to our patients. This requires us to obtain specific information for each individual patient in the family. We understand that the collection of this information can seem overwhelming, however, it is necessary in order to provide you more efficient service.

Please read carefully the information listed below. If you have any questions, our office staff will be happy to answer your questions. If assistance is required in resolving a billing issue, please contact the Billing Department between 9:00am and 4:30pm Monday – Friday, 703-330-3939.

1. A valid government ID is requested at the time of service from the person authorizing the health care services for the child(ren). Please note that if this right is being granted to a caregiver (i.e. nanny or grandparent) that is not the child's legal guardian, we must have written authorization from the legal guardian.
2. The parent of guardian that presents their child for medical services is the financially responsible party. Financial responsibility for services is not based on the primary insurance subscriber.
3. If there is a financial arrangement between individual parental parties concerning financial responsibility for medical care of their children, this arrangement is between the two parties and does not absolve the parent that brings the child for services from their financial obligation to our practice.
4. The parent/guardian must provide accurate demographic and insurance information prior to patient treatment. If you are covered by health insurance, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage and benefits as a courtesy. Accepting your insurance is not a guarantee of benefits or payment. You will be held accountable for any unpaid balances by your plan.
5. It is the parent/guardian's responsibility to know which benefits are not covered by the insurance program in which they participate, as the office staff does not have access to this information. Further, the parent/guardian is fully responsible for all fees that are denied as non-covered services, deductibles, coinsurance and co-payments. If the parent/guardian has questions concerning their coverage, they should contact their employer's human resource department, their insurance agent, or their insurance company directly.
6. It is the responsibility of the parent/guardian to open and read the explanation of benefits sent to them from their insurance. If they believe there has been an error in processing their claim, they need to call the insurance company directly. PediatricCare of Northern VA's billing department will be happy to assist in getting the claim resolved.
7. Based on PediatricCare of Northern VA's contracts with various insurance companies, we must bill for services rendered within a timely manner (defined by the individual contracts). If it is found that the correct information was not provided by the parent for the services rendered and we miss the timely filing time limit, the patient will be responsible for the entire amount owed.
8. If uninsured, the parent/guardian is fully responsible for all fees. Uninsured patients will receive a 25% discount if the full balance is paid at the time of service. Payment is expected prior to being seen for all well-child care.
9. Payment is due at the time services are rendered. Co-payments not paid at the time of service will be billed an additional \$15.00 fee. After the explanation of benefits from the insurance company is received, any balance that is determined to be patient responsibility is due within thirty (30) days. Should timely payments not be made, any and all outstanding balances over 30 days, with no payment activity, attempt to pay, or with no dialogue with our billing office will be turned over to our collections agency. At that point you will be responsible for the principal balance and any additional amounts incurred. Well-child care will be deferred until all balances are paid in full.
10. If a patient arrives 15 minutes or more past their appointment time, your appointment may be rescheduled in order to keep the other patients and the doctors on time.
11. Missed Appointment/Late Cancellation Policy – We understand there are times when you must miss an appointment due to emergencies or obligations for work or family. However when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Cancellations are requested 24 hours prior to well-care appointments and 1 hour prior for same day sick visits. PediatricCare of Northern VA, P.C. charges a \$45 fee for appointments that are missed or same day canceled. This fee is not covered by your insurance company.
12. Should your child/children miss an appointment (No Show) and/or fail to cancel, we reserve the right to discharge you from the practice.
13. There is a \$50.00 fee for all returned checks. Writing a "bad check" is punishable under law. If the account is not resolved fully within 7 days of notification from your bank that the funds were not available, we reserve the right to terminate any and all services provided to your family.
14. Any appointments that take place on a Saturday or on a federal/observed federal holiday will incur an additional \$60 fee that is billed to your insurance company.
15. When our office is closed or it is outside of normal business hours, there is a \$15 fee for calls made to our after-hours on call service. This fee is not covered by your insurance company. After-hours calls are handled by the Rainbow Children's Hospital Call Center staff. They do not have access to your child's medical record. We encourage parents to call the office during regular hours, free of charge, for advice of a non-urgent nature, when our nurses have direct access to your child's medical record.