

Dear Patients:

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, effective January 1st, 2020, PediatriCare will require all patients to keep an active credit/debit card on file with us. The dynamics of healthcare are changing and we need to ensure that patient balances are paid in a timely manner. Most of our patients pay their balances, but unfortunately, this is not always the case. Therefore we have to be fair and apply the policy to all patients.

It is your responsibility to review your insurance policy information and become familiar with patient copays, deductibles, coinsurance, as well as what benefits your plan does and does not cover. You will be accountable for what your insurance company does not cover.

Circumstances when your card would be charged include but are not limited to: missed or canceled appointments without required notice, form fees, missed co-payments, deductible and co-insurance, any non-covered services and/or denial of services.

We will submit claims to your insurance company after each visit and once the claims are processed and an Explanation of Benefits (EOB) has been received by the office, any balance that is determined to be patient responsibility will be posted to your account and a statement generated. You will have 30 days to pay the patient balance. When the patient responsibility for the account ages to 31 days, we will charge the patient balance to the card we have on file. We will notify you via email or text within 3 business days prior to the card being charged.

We offer several additional convenient payment methods. You may choose to pay directly through our website www.Pediatricare.com, through the patient portal (this must be set up in advance) or by phone using one of the following cards: Visa, Mastercard, Discover, American Express or a Health Savings debit card. We also accept cash or personal check.

Communication is key. The more you stay in contact with us, the better we are able to address unique situations. Our goal is to continue being your child's medical practice and to keep your accounts in good standing. We realize there are extenuating circumstances and we would be more than happy to have you reach out to our billing department to confidentially discuss your situation and determine how to help you keep your account in good standing.

Additional information can be found in the Q&A section and in our Financial Policy which is attached to this letter.

We appreciate all of our patients and hope you support us during the transition to the new procedure. This change will help us continue to provide the level of care we strive to achieve.

Should you have any questions regarding your account, please contact our Billing Department between 9:00am and 4:30pm, Monday - Friday at (703)330-3939.

The Staff of PediatriCare

FREQUENTLY ASKED QUESTIONS

Q: Is this something new? I've never had to do this before.

A: Due to the number of high deductible health plans and higher patient co-insurance benefits, this has become necessary at our organization. Please keep in mind, we will not charge your card if you do not owe anything nor will we charge any fee outside the executed written agreement.

Q: How much are you going to charge my card?

A: We will charge your card the amount that your health plan determines is your responsibility.

Q: Will you send me a bill to let me know what I owe?

A: After your appointment, you will receive an explanation of benefits (EOB), from your insurance company, that will confirm your payment responsibility. We receive the same letter within 7-30 days following your appointment. We will review each EOB carefully and charge your credit card with the amount that is determined by your health plan to be your responsibility. You will receive an email or text notification 3 days before your card is charged.

Q: What is a deductible/co-insurance/cost share? How does it affect me?

A: First, contact your health plan to determine if you have a deductible, co-insurance, or cost share and the exact amount you are responsible for. An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your health plan begins paying. For example, if your health plan has a \$500 deductible, you must pay the first \$500 of medical expenses before your health plan begins to pay for any services. This is similar to the deductible for your car insurance or homeowner's insurance.

Q: When does a deductible begin?

A: Your deductible begins annually at the start of your health plan year. Health plans can start on any date. Typically they begin on either January 1st or July 1st.

Q: How will I know when my deductible has been met?

A: You may find out when your deductible has been met by calling your health plan at any time. Some health plans enable patients to view this information online.

Q: What happens if I do not have a credit card?

A: If you do not have a credit or debit card, we can accept a \$50 deposit at check-in before your appointment.

Q: What happens if I need to dispute my bill?

A: We will only charge you the amount determined by your health plan in your EOB. However, we will work with you if there has been a mistake on your bill, and refund you the necessary amount to correct any error.

Q: What if I need to postpone a payment?

A: Contact the billing office to set up a payment plan or discuss options available. However, any deferred payments or payment plans also require you to have a credit or debit card on file.

Q: I've always paid my bills on time. Why do I have to give you a credit card?

A: It saves you time and eliminates the need to write checks, buy stamps or worry about delays in the mail. We want all of our patients to benefit from this new policy, which simplifies how you pay medical bills. It also drives our administrative costs down because our staff sends out fewer statements and spends less time taking credit card information over the phone or entering it from the billing slips sent in the mail, which are less secure methods than us storing the information. The entire billing process is time consuming and wasteful, and the patients that we do have to send to a collection agency end up paying more due to additional agency fees.

Q: I do not have a deductible/I have dual plans. I will never owe you anything. Do I still need to give you a credit card?

A: Circumstances when your card would be charged include but are not limited to: missed or canceled appointments without required notice, form fees, missed co-payments, deductible and co-insurance, any non-covered services and/or denial of services. Due to the complexity of health plans, patients are not always aware of a payment responsibility. Additionally, changes to health plans happen often, which can make you responsible for payments without your knowledge, so we ask all patients to save a card on file to ensure we are prepared in the event they do have a payment responsibility.

Q: Who can I talk to about this policy? I do not want to participate.

A: I can answer any questions you have – or any staff member in our billing department can also answer your questions. We understand this is a new policy that may be unfamiliar to you. However, it is similar to the process you experience to check in to a hotel or rent a car.

Q: Do I have to leave my credit card information to be a patient at the practice?

A: Yes. This is a common trend in the healthcare industry. Patient deductibles are rising and cost shares are increasing. This is an appropriate and effective means of keeping your account in good standing with us.

Our Financial Policy

PediatriCare 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. 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.
3. 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.
4. 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.
5. 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. PediatriCare of Northern VA's billing department will be happy to assist in getting the claim resolved.
6. Based on PediatriCare 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.
7. 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.
8. 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 will be charged to the credit card on file. Well-child care will be deferred until all balances are paid in full.
9. There is a \$10 processing fee for a credit card or debit card that is declined for any reason. 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.
10. Fees for Forms (to include, but not limited to physical/sports forms, FMLA, forms for legal purposes): There will not be any charge for forms which are presented at the physical/well check appointment. However, forms requested outside of the physical/well appointment will have a minimum fee of \$10. FMLA forms will be assessed a fee of \$25.
11. 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.
12. 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 2 hours prior for same day sick visits. PediatriCare of Northern VA, P.C. charges a \$60 fee for appointments that are missed or same day canceled. This fee is not covered by your insurance company.
13. Should your child/children miss an appointment (No Show) and/or fail to cancel, we reserve the right to discharge you from the practice.
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 \$25 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.



Credit Card Payment Authorization Form

By signing below, I authorize PediatriCare of Northern Virginia to keep my signature and my credit/debit card information securely on-file. I authorize PediatriCare to process a charge to my credit/debit card when a bill is created for any balance due for services rendered, after insurance has paid their portion, or general office fees (forms completed, After Hours calls, etc).

I authorize charges up to a maximum amount of \$_____. (\$200 minimum)

There is a \$10 processing fee for a credit or debit card that is declined for any reason.

Type of Card: <input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Cardholder Name _____			
Card Number _____			
Exp. Date ____/____			
Cardholder Signature _____			
Billing Address: _____			
City: _____		State: _____	Zip: _____

Cell Phone Number: _____ Email Address: _____

Would you like a receipt? No Yes, by mail Yes, by email

In case we need to reach you, how can we contact you? By phone By email

The best time to reach me is: _____

Patient Name: _____ DOB: _____ Account #: _____

Patient Name: _____ DOB: _____ Account #: _____

Patient Name: _____ DOB: _____ Account #: _____

Patient Name: _____ DOB: _____ Account #: _____

I, _____, authorize PediatriCare of Northern VA to process a charge to my credit/debit card according to the terms above and in accordance with the PediatriCare financial policy.

Parent/Guardian Signature

Date

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PediatriCare in writing of any changes in my account information. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my bank or credit card company, provided the transactions correspond to the terms indicated in this authorization form.