

Financial Policies/Insurance Adjudication

Financial Responsibility
<ul style="list-style-type: none"> Patients have a financial responsibility to PediatriCare of Northern VA for the charges incurred for professional services rendered. PediatriCare accepts Visa, Mastercard, Discover and American Express, as well as personal checks, money orders, and cash. If the patient(s) are covered by health insurance, we will be happy to bill your insurance. PediatriCare will work with patients to ensure their medical care is the finest available and this care does not become a financial burden. Please see General Office Policies for other services which may have fees associated with them.
Health Insurance
<ul style="list-style-type: none"> For every appointment, our staff will verify your eligibility prior to or upon check-in. Please bring your insurance card to every appointment and notify us as soon as possible if your insurance changes. We participate with many different plans and cannot know the benefits of every patient's policy. Therefore, we recommend that you make every effort to understand your insurance coverage levels, copay, deductible, and coinsurance responsibilities. Accepting your insurance is not a guarantee of benefits or payment. You will be held accountable for any unpaid balance by your plan. Medicaid - We accept assignment from Medicaid so all payment from Medicaid will be made directly to PediatriCare of Northern VA. We bill Medicaid directly. Medicare – We accept assignment from Medicare so all payment from Medicare will be made directly to PediatriCare of Northern VA. We bill Medicare and supplementary insurances directly. Contracted Insurance – We contract directly with insurance companies through the physicians employed by our organization. All payment from insurance companies will be made directly to PediatriCare of Northern VA. If the insurance company that you designate is incorrect for the services rendered and we miss the timely filing time limit, the patient will be responsible for the entire amount owed.
Non-Covered Services
<ul style="list-style-type: none"> Please note there are some services that your insurance may not cover. Such services can include: Vision test, Hearing tests, Developmental/Mental Health screening tests, and in-office lab tests. These are important tests that are considered pediatric standards of care. It is the parent/guardian's responsibility to know which benefits are not covered by the insurance program in which they participate. If there are questions concerning their coverage, they should contact their human resources department, their insurance agent, or their insurance company directly. Further, the parent/guardian is fully responsible for all fees that are denied as non-covered services, deductibles, coinsurance and co-payments.
Federal/Observed Federal Holidays
<ul style="list-style-type: none"> Any appointments that take place on a federal/observed federal holiday will incur an additional \$60 fee that is billed to your insurance company. If not covered by your insurance company, it will become patient responsibility.
Balance, Deductibles & Copayment
<ul style="list-style-type: none"> Contract terms with health insurance companies hold us responsible to collect copayments at the time services are rendered. Co-payments not paid at the time of service will be billed an additional \$35 fee. It is the responsibility of the parent/guardian to open and read the explanation of benefits sent to them from their insurance. After we receive the explanation of benefits from the insurance company, any balance that is determined to be patient responsibility is due at that time. It is the parent/guardian's responsibility to pay all outstanding balances. We are happy to set up a payment plan with you if you are unable to pay the balance in full. Just make sure to set up a payment plan as soon as you receive the bill. If they believe there has been an error in processing their claim, they need to call the insurance company directly. PediatriCare's billing department will be happy to assist in getting the claim resolved. Communication is essential. Well-Child care will be deferred until all balances are paid in full. In the event your account is referred to collections, all costs and expenses including all fees related to the collection thereof are the responsibility of the parent/guardian. Accounts that are placed in collections will be discharged from the practice and all future appointments canceled.

Self-Pay/Uninsured Patients & Out-of-Network Insurance
<ul style="list-style-type: none"> • If uninsured, the parent/guardian is fully responsible for all fees. • Uninsured patients will receive a 25% discount if the balance is paid in full at the time of service. • Full payment is required prior to being seen for all well-child care. • If our office is considered out-of-network for your insurer, payment is due at the time of service. • Upon request, our office can provide a claim form for you to submit to your out-of-network insurer. • Please note that we will not return or collect the difference between what you have already paid vs. reimbursement from your insurance.
Newborns
<ul style="list-style-type: none"> • Please note that your insurance company will allow up to 30 days to enroll your newborn to your insurance policy. • If your insurance rejects the claim for missed enrollment or for any other reason, you are financially responsible for the charges not covered by your insurance. We strongly advise enrolling your newborn immediately after their birth and informing our office with the insurance information. • We do not bill “under the parents.” The child must be enrolled in the insurance we are billing. • Please see the Self-Pay/Uninsured Patients & Out-of-Network Insurance section for if the patient does not have active insurance coverage 45 days after birth. If you are having any issues with the insurance company, please call our billing department right away to discuss.
Declined Credit/Debit Cards & Returned Checks
<ul style="list-style-type: none"> • There is a \$50 processing fee for a credit card or debit card that is declined for any reason • There is a \$50 fee for all returned checks. Writing a “bad check” is punishable by 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.
Guarantor
<ul style="list-style-type: none"> • Whoever accompanies the child to each visit is expected to pay the charges due for the service rendered that day, including copayments, coinsurance, deductibles, and etc. • A valid government ID is requested at the time of service from the person authorizing the health care services for the patient(s). Please note that if this right is being granted to a person that is not the child’s legal guardian, we must have written authorization from the legal guardian. • Parental divorce has no bearing on the responsibility for medical care as it affects third parties.
Divorce Decrees/Legal Agreements
<ul style="list-style-type: none"> • If there is a financial agreement between individual parental parties concerning financial responsibility for medical care of their children, this arrangement is between the two parties and not PediatriCare of Northern VA. • All copayments and coinsurance are due at the time of service and are the responsibility of the accompanying adult. We will not bill another parent/guardian for the copayments or coinsurance due at the time of service.

I have read, fully understand, accept and agree to comply with all the above policies. I consent to the assignment of authorized health insurance benefits by my health insurer to PediatriCare of Northern VA for any services furnished to my dependent or ward and understand that failure to make payments timely may result in additional collection fees or discharge from the practice. I also understand that the practice may amend such terms from time to time.

PATIENT Last Name	PATIENT First Name	DOB

Signature	Relationship	Date