

## **FINANCIAL POLICY**

Thank you for choosing PAK PEDIATRICS as your pediatrics and/or breastfeeding support services provider. We are committed to providing the best care possible. Understanding your financial responsibility is considered part of your medical management.

This Financial Policy is an agreement between the providers of PAK PEDIATRICS and the patient or his/her parent, guardian, or other responsible party if the patient is under eighteen years old. Your understanding of this Financial Policy is important to our professional relationship.

### **INSURANCE**

Payment for services is due at the time that services are rendered, except as outlined as follows. Insurance plans vary considerably, as we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient or his/her parent or guardian to provide PAK PEDIATRICS with **accurate** and **timely** insurance information. Inaccurate or untimely information given to PAK PEDIATRICS that results in denial or non-coverage by your insurance company will result in the patient or the patient's parent or guardian being responsible for payment in full.

### **NON-EMERGENCY APPOINTMENTS**

Preventive well visits, ADD/ADHD visits, and other non-emergency appointments may be rescheduled if your or your child's account has an outstanding balance(s) or if a co-payment is not paid at time of service.

If you are experiencing financial difficulty, please let us know. Health insurance is a contract between you and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (e.g., vaccine and doctor visit coverage and referral/ authorization requirements for specialty care).

### **BILLING**

We accept cash, checks, MasterCard, AmEx, Visa, or Discover. Outstanding balances are due within 30 days, unless prior arrangements have been made with PAK PEDIATRICS' 'Billing Department'.

**A \$5 billing fee will be charged:**

\*If your co-payment is not paid at the time of service

\*If we do not participate with your insurance provider and payment is not made at the time of service

\*On balances that are more than 60 days past due

**A second \$5 fee will be charged on balances that are more than 90 days past due.** PAK PEDIATRICS will send a final request letter relating to these outstanding balances. Payment is due in full within 10 days from the date on the final request letter. If payment is not received in full, the account may be forwarded to a collection agency with an additional collection fee. PAK PEDIATRICS reserves the right to discharge a family from our care and responsibility.

**IF WE PARTICIPATE WITH YOUR INSURANCE**

All services performed in our office will be submitted as a courtesy to your insurance. All co-payments are due at time of service. Deductibles and coinsurance are your responsibility and will be billed to you by our office.

All insurance carriers have a fee schedule from which they will reimburse us. However, the doctor's fee may be higher than what the insurance company reimburses or the service provided by the doctor may not be a service covered by your insurance plan. Any balances not covered by insurance become the responsibility of the patient and/or his/her parent or legal guardian. Examples of services that could be subject to your deductible or coinsurance.

**PAK PEDIATRICS and the NEPA Breastfeeding Center are not responsible for knowing your insurance plan's benefits and what services will or will not be covered.**

### **IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE**

If we do not participate with your insurance company, we are unable to bill your insurance company and we cannot accept assignment from them for the services performed. In this case, we ask for payment in full at time of service and will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement. Not all services provided by PAK PEDIATRICS and/or the NEPA Breastfeeding Center are covered benefits under all insurance plans.

Payment for services is due at the time of service. A **\$5 billing fee** will be added to balances not paid at the time of service.

### **MISSED APPOINTMENTS/LATE CANCELLATIONS**

Missed appointments represent a cost to PAK/ NEPA Breastfeeding Center, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments.

For cancellations, 24 hours' notice prior to the appointment is requested. A **fee** will be charged for a **2nd** missed appointment. After a **3rd** missed appointment in a family within a 3 year period, PAK Pediatrics will continue to see the family's pediatric patient(s) for 30 days on an emergency basis only, to permit you time to find a new provider as PAK PEDIATRICS and/or the NEPA Breastfeeding Center will terminate its professional relationship with the family.

Fee for missed appointments are as follows:

**Missed scheduled appointments \$25.00**

**Same day sick missed appointments \$50.00**

**Behavioral Health missed appointments \$75.00**

### **RAINBOW AFTER HOURS MEDICAL ADVICE**

We offer after hours medical advice through a national Call Center. You can reach the after hours Call Center by calling our main line after PAK PEDIATRICS' regular business hours.

**A \$25 fee may apply to the use of this service.**

## **DIVORCED/ SEPARATED PARENTS**

We believe that divorce, separation and custody agreements should not enter into a child's medical treatment. The parent who is requesting the medical treatment is individually responsible for the payment of the medical bills. We are not a party to your divorce agreement; we will collect co-pays and deductibles from the *attending parent*.

"Joint Custody" means that each parent has equal access to the child's medical record. Without a court order, we will not stop either parent from looking at their child's chart or obtaining their child's test results. In the circumstance of joint custody, we will not call the other parent for consent prior to treatment or to inform the non present parent of the assessment and/or plan of care, if any. Again, we will discuss with the *accompanying parent*, information pertinent to the child's history and/or present exam. It is then the responsibility of the parents to communicate with each other.

We reserve the right to charge an administrative fee for copying records should the requests become excessive.

Should issues between the parents become disruptive to our medical practice, we reserve the right to discharge a family from our care and responsibility.

## **FORMS AND FEES**

There is a **\$15 fee** for the review and completion of school/child care forms not provided at the time of a well child examination.

There is a **\$15 fee** for completion of Family Medical Leave forms. The patient or parent/guardian is required to fill out as much information on the Family Medical Leave form as possible (e.g., reason, duration etc.).

### **RETURNED CHECKS**

A **\$25 fee** will be charged for all returned checks and your account will be placed on a “**cash-only basis**” If this happens, we will only accept payments by cash or credit card until the balance is cleared.

### **Transfer of Medical Records:**

There is a **\$20 fee** to transfer your and/or the pediatric patient’s medical records from PAK PEDIATRICS/the NEPA Breastfeeding Center. Copies of immunizations and all visits, including well child visits and growth charts, are included in transferred medical records.

**OR**

There is a **\$5 fee** for a copy of the Patient History, which is a report that includes dates of visits, diagnoses, and immunizations received in our office.

### **WELLNESS SERVICE BILLING PROCEDURES**

I acknowledge that during my wellness visit, there may be a problem-oriented service performed by PAK PEDIATRICS physician in addition to the wellness services. In this case, I understand that two separate charges may be submitted to my insurance and that when applicable, a copay/deductible/coinsurance may be required for charges generated pertaining to problem-oriented services. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my copay /deductible would still apply

### **Screening and Procedures:**

During Well Visits, we perform routine health screenings recommended by the American Academy of Pediatrics and Bright Futures Guidelines.

These screenings are considered standard of care; failing to provide them would be to practice substandard medical care.

Insurance companies are supposed to cover these screenings. Unfortunately, not all of them do.

Most plans cover screenings at no cost to you. Some recommend the screenings, then pass on the cost to you by counting them toward your deductible or co-insurance. Some plans don't cover these screenings at all.

If your insurance company doesn't cover a standard screening, we suggest you call them, ask them why, and strongly urge them to start covering these standard services that benefit, and safeguard, your child's health.

During your child's visits, we may have to perform procedures or provide additional services to provide proper care. Insurance companies require us to bill these services and procedures separately, as additions to the "regular" office visit. As with screenings, most insurance companies cover these procedures and services most of the time. But some pass the costs to your deductible or co-insurance, and, again, some don't cover them at all.

It's your responsibility to understand what services are covered by your insurance plan.