

Park Street Pediatrics, LLC
Credit and Collection Policy Statement

Appointments: Co-payments are due at check in and should be paid by the adult accompanying a child, regardless of the listed financial responsibility on the account. For your convenience, we accept personal checks, cash, Visa, MasterCard, Discover & American Express. Co-payments are a **legal** and **mandatory** part of your insurance contract and cannot be waived under any circumstances, unless stipulated by your insurance contract for specific services being rendered. Co-payments are determined and charged by your insurance company and are traditionally charged for all visits including nurse visits, rechecks and weight checks and are always charged for each child seen.

- Each family will be allowed a one time warning for a late cancel/no show well appointment or nutritional/other counseling sessions; thereafter a charge of \$50.00 will be applied to each missed well exam or nutritional/other counseling session. As this charge does not apply to Husky patients, they may be discharged after two such missed appointments. As a courtesy to our office and to other patients, we ask for as much notice as possible when canceling any appointment, including sick and follow-up appointments, so that we may accommodate another child.

- Medical offices must comply with the "Red Flag Rule", which is in place to protect against identity theft. At each visit, please present each child's active insurance card, and we must scan each parent/guardian's photo ID (or patient's if 18+ years) showing current address.

- A parent/legal guardian **MUST** accompany their child to a well exam/physical or when any immunizations will be administered. Once a child reaches 18 years of age, they may come in without a parent.

- If an adult other than a parent is bringing a child for any other type of visit, they must bring a dated, signed note authorizing Park Street Pediatrics to examine and treat the child with the named adult that will be present.

- You will be required to complete and sign an update on a yearly basis, even if nothing has changed. We also ask that you inform us immediately if you have a change in address, phone, e-mail or insurance information.

Referrals: Our office requires 48 hours notice to process referrals. You must understand your insurance policy's referral requirements, and insure that they are done prior to your appointment.

Forms: Our Office requires 48 hours to complete any form. There will be a \$5.00 charge for any forms or copies. It is the responsibility of the parents to make copies that might be needed for multiple parties.

Insurance: We participate with numerous plans. You are responsible to understand your plan, including what is and what is not a covered service. Be sure that your insurance carrier has one of our physicians listed as your primary care physician (PCP). Some plans will process claims as out-of-network if this is not done. We must have your current, active card on file and presented at each visit. If not, you may be responsible for any balance due if the incorrect carrier is billed.

- If your child is covered by more than one insurance policy, the primary insurance is determined through the "Birthday Rule". If our office participates with both insurance companies, we will bill the company of the policyholder whose birthday falls first within the calendar year. We will, upon request, provide you with a copy of a particular visit, which you can attach to your primary insurance company's "explanation of benefits" (this is provided by the insurance company).

Billing: Co-payments are due at check-in. If co-payments are not paid at time of service, a \$10.00 billing fee will be added to the balance due when a statement is sent. **Self-pay patients:** Payments are expected in full at check in.

- If a personal balance is due after insurance has responded, a statement will be sent to the responsible party. Payment in full is expected upon receipt of the first statement. **Do not disregard any statement you receive from our office.** Call our billing department immediately if you have any questions or feel that there are any errors. A \$10.00 billing fee will be added to each subsequent statement in which the balance has not been paid in full. Statements are generated every 28 days.

- We do not bill both parties in divorce/separation situations, nor do we split financial obligations for co-pays, co-insurance or deductibles. The guarantor of an account is responsible for all non-insurance amounts, and should an account go to the collection agency, the guarantor will be held liable to the collection agency for the balance and any collection/legal fees.

- A \$25.00 fee will be added to your account for any returned checks. After two returned checks, we request payment by cash or credit card only.

- An "After Hours" charge is applied to appointments that are outside of our regular office hours. Some insurance policies cover this, while others increase your co-payment or hold the patient responsible for this fee. It is your responsibility to determine if you will be responsible for any additional expense related to these services.

- Telephone calls placed to our office between the hours of 11:00pm – 7:00am are triaged through the Pediatric Advice Line (PAL), a service of Rainbow Babies at Children's Hospital, for which there is a fee of \$21.00. This fee is not billable to your insurance company and will be billed directly to your account.

- If you do not have any insurance, we will have you sign a notice stating that fact. Payment is due in full on the day services are rendered.

- It is understood that if your account is turned over to a collection agency, you will be responsible for any collection/legal costs that are incurred. **Once an account is sent to collections, a general disengagement policy will take effect.** Remember that payment arrangements can be made **at any point** during the process prior to an account being sent to collection agency. However, once this step has been taken, we **cannot reverse** the process of collections nor the disengagement from the practice.

Print Name: _____ Sign: _____ Date: _____

Other authorized person(s) to contact, or speak to, regarding billing/insurance issues:

Name: _____ Home# _____ Cell# _____ Work# _____