

# Partners in Pediatrics, LLC

## FINANCIAL POLICY

**PRIVACY:** A copy of our Notice of Privacy Practices is available and given to all patients in accordance with The Health Portability & Accountability act of 1996 (HIPAA). (Included with original Registration material)

**INSURANCE CARD:** We must have a copy of your current health insurance card on file and please be prepared to show your insurance card at each visit. Insurance eligibility must be verified prior to seeing the doctor or you will be required to pay at the time of service. If there is a change in your insurance coverage, please notify us promptly. Some insurance companies have time limits on when claims need to be submitted. If we do not have the correct information, we cannot file the claim in a timely manner.

**INSURANCE:** Our office accepts assignment of insurance benefits from most major insurance companies for payment of services rendered. The responsible party must verify specific coverage with our physicians and the specific policy before treatment. Refer to our Billing & Insurance Policy for a list of insurance plans we have contracted with and payment methods accepted. Our business office will assist you with coverage questions related to your insurance plan.

**CO-PAYMENTS:** Our physicians are contractually obligated per your insurance company to collect a co-payment at the time of service. Your insurance policy and the agreement between your physician and the insurance company requires we collect a co-pay per patient per visit. The parent or authorized person must pay co-pays at the time of service. If a co-pay cannot be made at the time of service your appointment can be rescheduled and an additional \$10.00 service charge will be added to your account balance.

**SELF-PAY:** If there is no medical coverage at the time of service or our physician is out of network, then the responsible party is liable for all charges incurred at the time of service. The business office will assist with the amount due and provide a copy of any itemized billing statement for insurance or tax purposes.

**PRIMARY CARE PHYSICIAN:** We will ask you at our front desk to select a primary care physician, but it is your responsibility to notify your insurance company within 30 days that your child's primary care physician is at Partners in Pediatrics, LLC.

**HOSPITALIZATION:** In the event of hospitalization, our office will file for the hospital services provided by the physician treating the patient. If newborn patient charges are incurred, then it is the parent's responsibility to add the newborn to the policy or another acceptable policy within 30 days of the date of birth. If no insurance is acquired, then the parents or responsible party will be liable for all newborn hospital charges and any subsequent office visit charges incurred until insurance is in force.

**BALANCES & DEDUCTIBLES:** In the terms of our contracts with health insurance companies, we are responsible for billing you any portion of your treatment that your health insurance carrier does not pay. You are responsible for paying this portion of your bill. All balances are due at time of service or upon receipt of your financial statement. Failure to pay could result in collection activity or dismissal from the practice. Your child's appointment may be rescheduled if you are not prepared to pay any past due balances or deductibles at the time of service. In the event of a returned check for insufficient funds, your account will be charged \$35. Refunds will be issues on accounts with a credit of \$50 or more. Any account with credits less than \$50 will have funds held for future visits unless authorized by the business office.

**PAYMENT PLANS:** We understand at times families may experience financial hardship and do offer payment plans. Your first payment will be due upon signing a written agreement. Payments are based on the amount owed. No payment plan will be given to amounts less than \$100. If your payment plan is in default, the balance will be due in full. Failure to pay may result in collection activity and/or dismissal from the practice.

**NO RESPONSE CLAIMS:** If your insurance company does not respond to the claim within ninety (90) days from the date of the claim, you are responsible for the payment of the bill.

**MEDICAID INSURANCE:** We accept Alabama Medicaid insurance by state assignment only. Children on Medicaid are limited to 14 visits per calendar year and 1 well visit per calendar year. Once you reach 14 visits then you are responsible for payment in full. ER visits for routine health problems may count as a doctor visit. Using one doctor and one drug store is best for your child's health.

**AGREEMENT TO PAY:** The parents or responsible party agrees to pay any account balance. In case of a default of payment and if this account is placed in the hands of a collector, collection agency or attorney, then all collection fees, attorney's fees, (33.33%) court costs and all other expenses related to the collection of the outstanding balance will be paid by the undersigned. You agree, in order to service your account or to collect any amount owed, Partners in Pediatrics, LLC and/or its agents may make contact by telephone at any telephone number associated with the account, including wireless telephone numbers, which could result in charges. We may also make contact by sending text messages or emails, using any email address provide for our use. Methods of contact may include using pre-recorded/artificial voice message and/or use of automatic dialing device, as applicable.