

Financial Policy Definitions & Details

Please be assured that everyone in this practice is dedicated to providing medical care of the highest quality possible to all of our patients, in an atmosphere of caring, trust and mutual respect.

Your complete understanding of your financial responsibilities is essential; it takes a team that includes patient participation, to succeed with insurance processing and reimbursement. Failure by the insurance company to pay results in the balance being transferred to the patient for payment.

In the past couple of years, it has become increasingly difficult to collect the fees rightfully due to the provider for services rendered in good faith to their patients. To this end, we have found it necessary to be very explicit with the financial policies of this practice. We thank you in advance for taking the time to review these policies and your understanding of our need to have in place such an in-depth policy.

Things to bring with you to every visit:

- Health Insurance Card
- Driver's License
- Method of payment - for your convenience we accept cash, debit/credit cards and checks.

Assignment of Benefits:

- We will only bill contracted insurance plans for your primary insurance as a courtesy to our patients provided that the patient has provided the required insurance information in a timely manner and has signed the Notice of Acknowledgment/Assignment of Benefits form.

Self-Pay/Fee for Service:

- Whole Child Pediatrics welcomes patients that do not have insurance coverage for our services. When this is the case we have predetermined fees adjusted according to the insurance industry. These fees are due at the time of service.
- We do not coordinate any care with HMO or Medicaid providers.

Co-pay and Deductibles:

- We are obligated to collect the co-pay at the time of your visit, even if you are sick. We are required to do so by your insurance plan. The co-payment amount is determined by your individual insurance policy.
- Some insurance plans require that patients pay a predetermined dollar amount prior to services being covered. Deductibles processed by your insurance company are due by the due date listed on the first statement you receive.

Foreign Exchange Students/ Out of State Student Insurances/Temporary Insurance:

- We do not accept any foreign exchange or out of state student insurances.
- You must pay cash before the visit and will be given a receipt so you may submit it to your insurance company for reimbursement.
- These types of insurance are for emergency care only and will not cover any routine services.

Insurance:

- We are contracted with multiple insurers to accept assignment of benefits. We will bill your primary plan with which we have an agreement and will only require you to pay the authorized co-payment, co-insurance and deductible at the time of service.
- If you have insurance coverage under a plan with which we do not have a contract, you will be required to pay in full at the time of service.
- If we are unable to verify your benefits, we will ask that you pay for your visit upfront.
- Every insurance plan is different. Please know what services are covered and which ones are not. For example, it's very common for labs, strep test, suture removal, wart removal and ear wax removal to go to your deductible. Please do not expect the provider to know what your insurance covers. They make medical recommendations based on what they believe to be medically necessary rather than how your insurance company will process a claim.

- Current insurance information must be provided to our office, at the time of service. If an old plan is billed and denied our office will only bill to another plan if we receive the correct insurance information within 30 days from the denial and a \$15 rebilling fee will be added to the account. After 30 days, the balance is the patient's responsibility.
- We do not submit to secondary insurance plans. If you have secondary insurance, it is your responsibility to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you. **YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT BY THE DUE DATE.**

Laboratory and Diagnostic services

- Please check with your insurance company to verify what facility is covered and what your schedule of benefits allows for any laboratory, x-ray or other diagnostic studies that may be ordered by the doctor during your visit. Services done outside our office will be billed separately by the laboratory/diagnostic facility that does these tests and are not covered by the payments that you make at this office. Any insurance claims or problems associated with an off-site laboratory must be dealt with through that facility. Please be aware that just because laboratory and/or diagnostic services are ordered during a routine physical does mean that your insurance will process them as preventive.

Workers' Compensation/Motor Vehicle Accidents

- We do not bill third party insurance. Personal injury, motor vehicle and work-related injuries need to be paid in full prior to appointment. It is your responsibility to seek reimbursement from them directly.

Payments for Service

- We accept Visa, MasterCard, AMEX, and Discover, debit cards, money orders, personal checks, and cash. Starter checks and postdated checks are not accepted. We require a valid ID with photo to write checks. If a personal check is returned for any reason, a \$30 fee will be added to the original amount. After two returned personal checks, we will not accept further payments by personal check. Co-payments, coinsurances and/or deductibles are to be paid at time of service.

Account Suspension/Fee

- Administrative fee of \$10 will be charged to each account if payment in full is not received within 30 days. This fee will not be adjusted off.
- If your account has been placed in suspended status, future visits will be postponed and we are not able to provide you with medical advice or prescription refills until your account is brought current.
- Once your account has been suspended you will be required to leave a credit card on file for future charges.
- Collections
 - If you, your spouse, or your dependent(s) account is delinquent for more than 90 days and goes to collections with our office for any reason, you, your spouse and your dependent(s) will be discharged from the practice.
 - A one-time service fee of \$25, per account, will be added to your bill.
 - Once discharged you will need to find alternative medical care with a new provider. We will not provide medical advice, prescriptions or office appointments once discharged from the practice for any reason.

Payment Requirements

- Payments need to be sent to the remit to address located on your statement.
- Payment in full is due by the 15th of the month as noted on the monthly statement.
- If we have not received payment in full within 30 days you and/or your family's account will be suspended and all future appointments postponed until the account is brought current.
- If you are utilizing your banks bill pay system to send us payment please know that it can take anywhere from 7-10 days for that payment to be received.
- For your convenience, you may pay online through our website www.wholechildonline.com.
- You also have the option to leave a credit card on file for outstanding balances by completing the credit card authorization form on our website www.wholechildonline.com.
- Please be sure to update any change in payment information with our office in order to avoid a credit card declined fee of \$25 and account suspension.
- We will work with any patient who is in need of payment arrangements. Please call the billing department and they will work with you to set up a 90-day payment plan.
- Please note that we are unable to allow our patients to carry a balance over \$500.