

Uptown Pediatrics, PC

Financial Policy

Patient Name(s) _____ Date _____

We are committed to providing optimal care to our patients and their families and feel that this goal is best achieved if everyone is aware of our financial policy. Changes in the health insurance industry have made the cost of healthcare challenging for both patients and healthcare providers. We've developed this policy to serve as a clear understanding of our policies and to help with any questions about your financial obligations. Our Billing Specialists are happy to answer any additional questions you may have. They can be contacted at 866.371.6118 ext 120.

Payment Procedures and Payment Options:

Full payment is expected at the time of service, regardless of who brings the child to the office. This includes applicable deductibles and co-payments. We accept cash, personal checks and all major credit cards. A receipt will be provided to you for all payment transactions. As an added convenience, payment can be made for balances through our website by visiting us at www.UptownPediatrics.com. Contractual obligations with your insurance plan require us to collect your co-payment in full at the time of service. We cannot reduce or waive co-payments, deductibles or other cost-sharing balances that are due following your insurance carrier's adjudication of your claim. There may be additional processing fees if we have to re-bill you the co-pay or for any overdue, outstanding balances. The accompanying parent or other adult is responsible for full payment due at the time of service and for providing the proper insurance identification. We request that a credit card be kept on file for all payments due including co-pays. This helps speed your check-in/out process and eliminates the need for you to receive a bill from us.

Insurance Coverage

We participate with several insurance plans. As insurance plan benefits vary, it is the policyholder/parent's responsibility to know the specific benefits of their plan. We will bill the insurance companies we participate with. If your carrier requests other information from you such as evidence of other insurance, they will not provide reimbursement of your claim until you provide the requested information. If you fail to do so, you will be billed for any outstanding charges.

Non-covered Services

We will always provide your child with, what we consider the best and most up-to-date medical care. Some insurance plans limit coverage of procedures and services in order to control their costs. As a result, certain services we may provide for your child may not be reimbursed by your plan. Except as provided by your insurance contract or by state law, you will be responsible for all charges not covered by your policy.

Secondary Insurance

If your child is covered under two insurance policies with which we are in-network with, we will submit claims to both plans. Once the primary insurance payer processes the claim, additional balances due may be submitted to the secondary insurance plan. There are guidelines that govern which plan is deemed primary and secondary. Please consult with your insurance plans for determination of such. If we are out-of-network with your secondary insurance, we will bill you for any balances due. Once your balance is paid, at your request, we will be happy to provide you with a complete claim form for you to submit to your carrier for reimbursement.

Parent/Responsible Party Initials _____

Newborn Enrollment

It is essential that you contact your insurance plan or the policy holder's Human Resources department to enroll your newborn on your policy. We recommend doing this within the first few days of your baby being born as it often takes a few weeks for the baby to show up on the plan as a covered member. Delaying enrollment may result in us having to bill you directly.

Additional Fees

Prenatal Visits & Meet & Greet

There is a \$50.00 fee per doctor for pre-birth and other pre-visit meet and greets. If you choose to stay with the Practice following this, this fee is credited back to your account with us.

Laboratory services

We will send your lab work to the in-network or preferred laboratory based on the insurance information you have provided to our office. We are not liable for insurance billing and balances due from outside labs.

After Hours and Emergency Appointments: There may be an additional fee charged for visits occurring outside of routine office hours and visits occurring on an emergency basis. We will bill this charge to the participating insurance plan. You may be responsible if your insurance carrier does not cover this charge.

Medical Records: With the signed request from the patient, parent or legal guardian, we will provide you with a copy of your child's medical record. There is a charge of \$.75 per page for this service. If you request that we mail these records, additional postage fees are attached for mailing. We only mail records via a mail method that requires a signature and proof of delivery upon receipt.

Camp/School Forms: There is a one-time annual fee of \$20.00 for unlimited camp/school forms completed or provided. For faster processing, we ask that you provide a self-addressed stamped envelope along with your form.

Missed Appointment Fee: There is a \$50.00 fee (\$75.00 for specialist appointments) for appointments not cancelled within 24 hours of the scheduled appointment. Please call ahead if you are unable to keep an appointment and we will be happy to reschedule you.

Returned Checks: There is a \$25.00 fee for any check returned to us from your banking institution.

Collection Agency: Any charges remaining unpaid for more than 90 days from the date a balance is generated on your account are considered delinquent and may be sent to a collection agency. In this situation, the responsible party will have to correspond with the collection agency regarding any financial arrangements and will be responsible for the original amount due in addition to any fees charged for the cost of collection. 30% of the original balance is added on all accounts that are placed less than 1 year from the date of the last payment or charge and 50% of the original balance is added for accounts that are placed more than 1 year after the date of the last payment or charge on the account.

We are happy to assist with helping you to understand your bill, claim or any other questions about your financial responsibility. Our Billing Specialists, PedsOne Billing can be reached at 866.371.6118.

I have read the above policy and agree to its terms;

Signature of Responsible Bill Payer

Print Name

Relationship to Patient