

PATIENT FINANCIAL POLICY

Thank you for selecting our practice as your healthcare provider for your child. We are committed to providing you with compassionate and quality medical care. The following is a statement of our financial policy, which we require you to read, sign and date prior to any treatment.

Insurance

All parents must present their insurance card at every visit. Parents who do not provide current proof of insurance will be billed as a self-pay patient. If at a later time the patient presents their insurance card, services already rendered may or may not be retroactively billed depending on the insurance's claim filing requirements. If the parent fails to provide the correct insurance within the submission guidelines of the insurance company, the parent may be responsible to the total cost of the visit.

The patient's insurance is a contract between the patient/parent (and/or employer) and the insurance carrier. Decatur Pediatric Group, PA is not part of this contract. For this reason, we will not waive co-pays or deductibles.

It is your responsibility to provide our practice with the accurate and updated medical insurance information that should be used to cover services rendered at each visit. Please disclose any secondary insurance information if you are covered under more than one insurance plan or any changes in coverage. Failure to do so may result in your being held responsible for the balance on your account.

Should your insurance company fail to pay the claim for services rendered by Decatur Pediatric Group, PA, you may be responsible for the entire charge submitted to the insurance carrier. Therefore, we recommend that you follow-up with the insurance carrier if you claim has not been paid within 30 days for the date the claim was submitted.

TYPES OF PAYMENTS:

Co-payments. Stockbridge Pediatrics is required by insurance carriers to collect co-payments at the time that services are rendered. The patient's appointment may be rescheduled if you are not prepared to make this payment.

Deductibles. Some insurance plans require parents to pay a predetermined amount before services will be covered.

Co-insurance. Some insurance plans require that parents pay a predetermined percentage (e.g. 20%) of the allowed charge amount. If this amount can be determined at time of service, that amount will be collected.

Uninsured Patients (Self-Pay). Payment for all services rendered is due at the time of service. If the total charge amount is not available at the time of checkout, the parent will be required to pay a deposit that will be applied to the charges. New sick patients: total charges or a minimum of \$231.00 deposit. Established sick patients: total charges or a minimum of \$144.00. Uninsured patients having testing and/or labs will be required to pay the total additional fees at the time of check-out. For new well-exam patient, the charge ranges from \$177.00 to \$233.00 and established well exam patient, the charge ranges from \$149.00 to \$214.00 plus administration fees for immunizations.

Non-Covered. "Non-covered" means that a service will not be paid under a patient's insurance contract. If a parent is unsure whether a service is covered by their plan, it is ultimately the parent's responsibility to call their insurance carrier to determine what the schedule of benefits allows. If non-covered services are provided, the parent will be expected to pay for the services.

Insurance Claims Processing

Decatur Pediatric Group, PA accepts assignment of benefits for many third party carriers. In accordance with the insurance carrier contracts, parents will be required to pay co-payments at the time services are rendered. Decatur Pediatric Group, PA will submit charges for services rendered to the insurance carrier. The parent will be expected to pay the entire amount that is determined to be patient responsibility.

Non-contracted Insurance. If non-contracted (out-of-network) insurance (an insurance company with which our providers are not contracted) has not paid within thirty (30) days, the remaining balance, beyond the amount we collect at time of service, is the patient's responsibility.

Also, if you have more than one insurance, the secondary insurance being Medicaid or any of its Commercial Medicaid Organizations (CMOs), you will be responsible for the co-pay, as Medicaid and the CMOs do not cover the primary insurance co-pay.

Outstanding Balances

Any outstanding balance that is due from the patient is payable in full upon receipt of statement. In the event a patient presents for an office visit and has an outstanding balance, a request for payment will be made. Parents with delinquent accounts and the inability to pay may need to reschedule the appointment.

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Statements are generated on a thirty (30) day cycle. Parents who fail to respond to statements will be placed into collection status. Parents with an outstanding balance for more than ninety (90) days may be referred to an outside collection agency and will be charged a 30% collection fee in addition to the balance owed.

A parent with unpaid delinquent accounts or accounts which have been written off to bad debt may not receive additional scheduled services unless special arrangements have been made. The parents may be discharged from the practice, however, in all situations the urgency of treatment will be taken into consideration.

We are willing to work with you on your balance but communication with our billing office is essential. If you have any questions regarding your bill or wish to set up payment arrangements, contact our billing office at 404-296-7133.

Late Arrivals, Cancellations and No-Shows

Late Arrivals. Parents who arrive late for a scheduled appointment may be asked to reschedule the appointment or wait for an open appointment time on that day's scheduled. The physician may decide to work the patient in, but this is at the discretion of the physician.

Cancelations. Parents should call at least one (1) business day in advance if unable to keep a scheduled appointment time or the practice will consider the patient a "No-Show".

No-Shows. Parents are allowed a 15 minute appointment grace period. Parents who do not present for an appointment will be considered a No-Show. These parents may be charge a \$28.60 fee for a missed sick/re-check appointment and \$57.20 for a missed Well exam. This fee cannot be filed to insurance.

No-shows will be documented in the practice management system and a history of no-shows may result in refusal to schedule future appointments. Decatur Pediatric Group, PA will notify the parent via regular mail when this decision is made. First visit appointments that are repeatedly cancelled and new patient no-shows will count toward the patient's no-show record and may result in non-acceptance or discharge.

Forms

Please allow 7 – 10 business days for processing of requested patient forms/letters. The cost of letters/forms i.e. FMLA, Katie Beckett, Disability Forms is \$25.00. There is also a cost of \$10.00 for additional copies of shot records requested after the office visit.

Never ignore a bill simply because you feel it is not your obligation or you think your insurance company should pay it. We only transfer responsibility to you after we have had a response from your insurance carrier. If you have any questions about your claim coverage, you should contact your insurance company. If you have questions regarding your bill or wish to set up payment arrangements, please call our billing office at 404-296-7133.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and agree to abide by the financial policy of Decatur Pediatric Group, PA

Patient's Name

Date of Birth

Signature of Parent/Responsible Party

Date