

## Financial Policy

Upon new patient registration we will require the following information and items: patient's name, date of birth, address and phone number; name of guarantor/policy holder of insurance plan, date of birth, address and phone number; insurance card for scanning, parent and/or guardian's government-issued photo ID and; contact phone numbers and email addresses for parents/ guardians. When checking in for a visit you must verify and update the information you have provided to ensure that insurance is billed for that visit.

**Health Insurance:** When scheduling each appointment, please inform our staff if there has been any change in your insurance plan. Our office staff will verify your eligibility prior to or upon check-in at each appointment. Please make sure that you bring your most recent insurance card to every appointment. We participate with many different plans and simply cannot know the provisions of every patient's policy. We do, however, recommend that you make every effort to understand your insurance coverage, and if necessary, contact your insurance provider prior to receiving services in order to verify your coverage levels and copay, deductible and coinsurance responsibilities. If you are new to the practice and have an HMO plan or the patient is covered by a Medicaid or Child Health Plus plan, please make sure you have called your plan to select Dr. Evelyn Ha as your PCP before the day of your visit. Otherwise your child cannot be seen.

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**Insurance Policy for Newborns:** You have 30 days from the birth of your baby to add them to your insurance policy or to acquire individual insurance for them through Medicaid or Child Health Plus. Please notify your insurance or HR department as soon as possible about the birth of your baby so they may be added and covered expeditiously.

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**Non-covered Services:** Please note that there are some services that your insurance plan may not cover or pay for. These may include important tests which are considered pediatric standards of care such as Vision screens, Hearing screens, Developmental screens and in office lab tests. They may be a necessary part of your well child or annual physical visit or a sick visit to determine the best treatment plan. If your insurance rejects the claim for these screens or other services, we will bill you a discounted fee to ensure that you can afford the highest standards of pediatric care. We pride ourselves on providing only the highest quality of care for your children and do this by following American Academy of Pediatrics clinical guidelines and recommendations from other trusted evidence-based resources. If you receive a bill for a non-covered service, you are welcome to call your insurance to ask why it is not covered and request it be submitted for reconsideration.

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**Balances, Deductibles and Copayments:** It is our responsibility, as detailed by the terms of our contracts with health insurance companies that we participate with, to collect copayments at the time of service, and to bill you for any portion of your treatment that your health insurance carrier assigns as your responsibility. It is your responsibility to pay this portion of your bill. We are happy to set up a payment plan with you if you are unable to pay the balance in full in a timely fashion. Just make sure to set that up as soon as you receive the bill. You should call your insurance if you have questions about receiving a bill for a deductible, copayment or coinsurance. If a balance is not paid or a payment plan is not set up by the next scheduled appointment, the patient may not be seen.

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**Returned Checks:** If your payment by check is returned by the bank for insufficient funds, you will be required to pay a fee of \$35. If more than one check is returned in any given period, we reserve the right to require all future payment by credit card or cash to prevent this situation from recurring.

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**Missed Appointments:** Life happens and we understand that sometimes you cannot make your appointment. Please call us at least 24 hours in advance if possible to cancel or change your appointment. No call to our office equals a "No Show". Frequent "No Shows" may incur a fee of \$10 or dismissal from the practice.

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**Self-pay-patients:** If you do not have health insurance or if we are out-of-network for your particular insurance plan, payment is required at the time of the visit. We will bill you at a discounted Self-Pay rate for the visit and services provided. Our office can provide an itemized receipt for you to submit to your insurance for reimbursement upon request.

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**Pending Insurance:** If your child has lapsed insurance, appointments may be scheduled, but you will be financially responsible for the visit billed at our Self-Pay rate until coverage becomes active. Payment for these visits are due at the time of service or a payment plan may be set up. If you are able to get coverage retroactively, we will submit claims retroactively and refund your self-pay charges after claims are processed minus any copays, deductibles, co-insurance and/or other personal responsibility.

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**Guarantor:** The parent or guardian who signs the patient's registration is the party responsible for all charges and payments. Due to confidentiality rules we can only bill the person who signs the practice paperwork. Therefore, if the person responsible for the medical bill changes, the new guarantor must complete a new set of paperwork. Please inform us as soon as circumstances change.

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**I have read, fully understand, accept and agree to comply with all of the above policies. I agree to comply with any future amendments to the policies. I consent to the assignment of authorized health insurance benefits by my health insurer to Palisades Pediatrics for any service furnished to my dependent or ward, and understand that failure to make payments timely may result in collection fees and dismissal from the practice.**

Patient Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (print) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_