

1. NOVA Pediatrics, Ltd. follows both State and Federal guidelines in billing for services rendered to our patients. This requires us to obtain specific information for each individual patient in the family; including: Consent to Treat, Insurance Assignment Authorization, Medical Release Authorization, Individual Demographic, and Insurance Information. We understand that the collection of this information can seem overwhelming; however, it is necessary in order to provide you with more efficient service.
2. Please read carefully the information listed below. If you have any questions, our office staff will be happy to answer your questions. Questions can also be directed to our billing department at 703-451-8146.
3. The parent/guardian must provide accurate demographic and insurance information prior to patient treatment. Based on NOVA Pediatrics' contracts with various insurance companies, we must bill for our services within a timely manner (defined by the individual contracts). If it is found that the correct information was not provided by the parent for services rendered and we miss the timely filing time limit, the patient will be responsible for the entire amount owed for services rendered.
4. It is the parent/guardian's responsibility to know which benefits are covered or not covered by the insurance program in which they participate. Further, the parent/guardian is fully responsible for all fees that are denied as non-covered services, deductibles, coinsurance, and co-payments. The parent/guardian is also responsible for services not covered if NOVA Pediatrics has not been listed as the Primary Care Provider (PCP) with the insurance company and on the patient's insurance ID card. If the parent/guardian has questions concerning their coverage, they should contact their employer's human resource department, their insurance agent, or their insurance company directly.
5. Your insurance company may cover sick and well visits differently, and it is essential that you familiarize yourself with the details of your particular insurance coverage. While some insurance companies may pay for well visits 100% (where there is no cost to you), well and sick benefits may include a copay, co-insurance, and/or deductible as determined by your insurance company. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for their concerns, your provider may bill the insurance company for both services (sick and well). **We will collect this copayment for a sick visit combined with a well visit at check out.** There are also times where the provider may decide to reschedule the well visit and focus on the issue that is causing the concern. In this case, you would pay your copayment for the sick visit at check out.
6. The parent or guardian that presents their child for medical services is the financially responsible party. Financial responsibility for services is not always based on the primary insurance subscriber. If there is a financial arrangement between individual parental parties concerning financial responsibility for medical care of their children, this arrangement is between the two parties and does not absolve the parent that brings the child for services from their financial obligation to our practice.
7. If your child is uninsured or covered by an insurance plan that does not have a provider agreement with NOVA Pediatrics, the parent / guardian is fully responsible for all fees at the time of service.
8. NOVA Pediatrics prefers that children not be seen unless they are accompanied by their parent, legal guardian, or authorized adult. However, we understand that teenagers may sometimes request services. If this happens the parent needs to let us know in advance that the child will be arriving by him/herself and authorize treatment. The parent authorizing treatment will be held financially responsible for services rendered in their absence. If you are reachable by phone, we can take your credit card information over the phone before the appointment and send the receipt home with your young adult or child's caregiver. For separated or divorced parents, financial responsibility still belongs to the parent bringing the child in for treatment. We will not bill another parent; it is your responsibility to bring what you will owe when you arrive.
9. If a minor child presents for services requesting privacy from their parent or legal guardian, this is their right based on Virginia Statute 54.1-2969. The minor will be financially responsible for services rendered, under conditions which minors are considered adults for purpose of consent. However, if the minor patient chooses, he/she may then decide to give up privacy rights and have their parents' insurance billed for the services in question.
10. Payment of all outstanding balances and copayments is expected at the time of service or in accordance with the practice's agreement with your insurance company. We collect all copayments and past due balances during our check-in process. Non-urgent care may be denied to anyone having an unpaid or overdue balance. If your copay is due and is not paid at the time of service an additional \$10.00 charge will be added to the patient's account by the end of the business day.
11. After an explanation of benefits from the insurance company is received, any balance that is determined to be patient responsibility is due within fifteen (15) days. Should timely payments not be made, the services of an attorney and/or a collection agency may be retained. Additional collection liabilities may be assessed to the account.
12. **Any balances not paid within 15 calendar days of the statement date will accrue a Late Payment Charge of \$10 per patient. The late fee will be charged every 30 days thereafter per patient account.** To prevent late fees, please pay the full amount due upon receipt of your statement. All patient balances are due in full when billed. If you ever feel the amount does not reflect the amount you owe, please contact our billing department at **703.451.8146**. We will be happy to review the patient statement with you and answer any questions you may have. Payments can be made on our **website 24/7 at www.novaped.com for your convenience (Click the link that says "Pay Your Bill".)**
13. Any outstanding balance is required to be paid **before** your next office visit. If the balance is not paid or reasonable payment arrangements are not made within 45 days, your account will be turned over to our collection agency. These accounts may be subject to a collection fee of **40%**, which will be added to the total balance due at the time of payment to clear your account. If you do not meet your financial obligation and refuse to pay the balance, we reserve the right to refuse care for and all subsequent visits resulting in a discharge from the practice.
14. If a check is returned for insufficient funds, a returned check fee of \$50.00 will be assessed.
15. A valid government ID may be requested at the time of service from the person authorizing the health care services for the child designated below. Please note that if this right is being granted to a caregiver (i.e. nanny or grandparent) that is not the child's legal guardian, there must be written authorization. The written authorization must be for a specified time period, and can be revoked at any time in writing. Also, the legal guardian signing the authorization will be financially responsible for any services provided.
16. NOVA Pediatrics requires 24 hour notice if you need to cancel an appointment. If notice is not given or you do not show up to your appointment, you will incur a \$50.00 charge on your account for the no show. It is also our policy to dismiss patients who do not show up for more than two (2) times for a scheduled appointment.
17. Our after-hours triage service provides emergency care whenever the offices are closed. There is a consultation fee of \$25.00 per call.
18. There is a \$10.00 prescription refill fee for all prescriptions not refilled at your scheduled appointment. There is also a \$10.00 fee to call prescriptions into the pharmacy as a courtesy after your appointment.
19. I understand that there will be a charge for copies of my child's (children's) records as allowed by the Virginia state law. (See medical records policy).

20. NOVA Pediatrics will be happy to complete forms/letters for parents, educational facilities, camps, and sports programs. There is a **\$10.00 charge per form/letter** that is requested to be filled out that must be paid before completion of the form or letter. Occasionally, there may be a form that requires extensive paperwork and will cost more than \$10.00 but you will be informed of the price prior to it being filled out (Ex: Family Leave Act Forms). All forms require 72 hours for completion and must be picked up. For your convenience we will offer a rush form service. This will allow you to have your form completed within 24 hours. The cost of the **rush service is \$20 per form** (This includes the \$10 form fee and a \$10 rush fee).

CONSENT TO TREAT AND MEDICAL RECORDS

Release of Medical Records, Immunization History, and Child Locator Information

I authorize NOVA Pediatrics to release and/or send medical information/records with regard to my child's health condition to other consultants and/or referring physicians, licensed healthcare facility, local or district health department, the department of health, and /or any education facility as appropriate. NOVA Pediatrics will share immunization and child locator information with other physicians, hospital, and health department for purposes of ensuring that he/she receives age appropriate immunizations. The information released may include but is not limited to: name of patient, date of birth, social security number, parents name(s), telephone number, address, and any other records of treatment, examination, and /or diagnosis. Furthermore, I understand that the information may be released by forwarding a photocopy through the U.S. postal service or by confidential facsimile. Conversely, I authorize any of the above listed persons/facilities to release any medical information necessary for my child's (children's) medical treatment to the doctors of NOVA Pediatrics. Ltd.

Copying of Medical records

NOVA Pediatrics follows the Virginia State law for copying medical records. All requests for medical records must be requested in writing and can be given in person or can be faxed or mailed to the office. There is a \$0.50 per page and a \$10.00 processing fee per child for the records that need to be mailed. Once the request is received, the office will contact you with the cost to copy the records. Once the payment is received, your child (children's) chart will be copied. NOVA Pediatrics has 15 days from the date of payment to provide the copies. There is no charge for a copy of the last physical and immunization record.

Insurance Assignment Authorization

I hereby authorize NOVA Pediatrics to apply for benefits on my behalf for covered services rendered to my child/dependent. I request payment from my insurance company(s) listed on my patient demographics form be made payable to NOVA Pediatrics. I am fully responsible for all fees that are denied as non-covered services, deductibles, coinsurance, and co-payments. I understand copayments are due at the time of service and a fee will be assessed if it is not paid.

I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any information concerning my child, to my child's insurance company in order to determine insurance benefits to which I may be entitled.

General Consent to Treat - Minor

I authorize the physicians, associates, assistants, and other designees of NOVA Pediatrics to evaluate and treat my child and to recommend medical care, diagnostic procedures and examination as necessary for health maintenance and diagnosis of medical conditions. I understand that NOVA Pediatrics will not perform invasive procedures on minors, unless the child is accompanied by a parent / legal guardian or an adult who has written permission from the child's parent or legal guardian to consent to medical treatment. Exceptions: 1) treatment in which the minor is considered an adult for consent purposes (see below) or 2) emergency services when a delay in treatment may adversely affect the minor's recovery. Invasive procedures may include administration of vaccines, allergy shots, and antibiotic injections.

Conditions under Which Minors are Considered Adults for Purpose of Consent

Virginia: I understand in Virginia, minors are considered adults for the purpose of consenting to: 1) treatment of venereal diseases, infectious or contagious diseases which require the physician to make a report to the Department of Health; 2) services related to birth control, pregnancy, or family planning (excluding sterilization); 3) outpatient treatment, care or rehabilitation for substance abuse; and 4) outpatient treatment, care or rehabilitation for mental illness or emotional disturbances.

Deemed Consent - Virginia

I understand that Virginia law (VA Code Ann. § 32.1-45.1) provides that if my physician or any person employed by my physician is exposed to my child's body fluids in a way that might possibly transmit the human immunodeficiency virus (HIV) or Hepatitis B or C viruses, that I am deemed by law to have consented to allow testing for HIV and/or Hepatitis B or C infection. The results of this testing must be made available to the person who has been exposed to those body fluids.

If the person whose blood specimen is sought for testing refuses to provide such specimen, any person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the general district court for an order requiring the person to provide a blood specimen or to submit to testing and to disclose the test results in accordance with the law.

General Consent to Treat (For patient 18 years or older and patients not requiring parental consent)

I authorize the physicians, nurse practitioners and other designees of NOVA Pediatrics, Ltd. to evaluate and treat me and recommend medical care, diagnostic procedures and examination as necessary for health maintenance and diagnosis of medical conditions.

I understand by signing I have read and agreed to the above paragraphs. I further realize I may revoke any authorization at any time in writing.

Patient Name (Please Print) _____ **Date of Birth** _____

Parent/Guardian Name (Please Print) _____

Signature of Parent/Guardian _____ **Date** _____



REV 11/1/2018

Billing Agreement Effective 6/5/2018

We will not be able to proceed with your appointment until this form is completed.

NOVA Pediatrics providers and staff want to continue focusing their time and efforts on quality patient care and customer service. We have implemented a new billing policy due to all the recent changes in insurance and the high costs associated with billing deductibles and co-insurances. Please read this form in its entirety. Please sign and date the bottom of this form to confirm that you have read and agree to NOVA Pediatrics' new billing policy.

- **Payments can also be made over the phone or on our website prior to your appt. This works well when someone other than the parent/legal guardian is bringing your child(ren) into the office.**

1. **Deductibles**- All deductible plans with deductibles over \$500.00 are required to pay a \$75.00 deductible deposit **PRIOR** to being seen for sick visits. Each child has their own deductible deposit.
 - a. The average reimbursement of an office visit ranges from \$75.00 to \$150.00. Therefore, we are collecting a deposit amount of \$75.00.
 - b. This deposit will be taken at each sick visit until the deductible has been met.
 - c. Office visit costs may increase based upon the visit complexity, labs done in office and treatment given. If the cost of the visit is more than \$75.00, a statement will be sent for the remaining balance due.
 - d. If your visit costs less than \$75.00, you will have a credit on your account to use towards future visits. You can request a refund by calling our billing department, but please allow 10 business days after receiving your EOB to request the refund.
2. **Copays**- All copays are due at the time of service **PRIOR** to being seen. Each child has their own copay.
3. **Coinsurance**- Coinsurance is billed to the patient after being seen and after the insurance processes the claim. Payments are due within 15 days of the statement or at the next appointment, whichever comes first.
4. **Balances**- Balances are due within 15 days of the statement or at the next appointment, whichever comes first.

Costs for any labs, diagnostic testing, durable medical equipment or treatments done outside of our office are the patient's responsibility. These costs are not associated with NOVA Pediatrics. This includes labs that are sent from our office to LabCorp, Quest or any other laboratories.

Please list all Patient(s) Names & DOB:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian-Printed Name

Parent/Guardian Signature

Date

_____	_____	_____
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