

MILESTONES PEDIATRICS OFFICE FINANCIAL POLICIES

Our goal is to provide and maintain a good physician-patient relationship. We are committed to providing you with the best possible care. Letting you know in advance of our office policies allows for a good flow of communication and enables us to achieve our goal. If you have medical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we need your understanding of and assistance with our financial and payment policy. Please read each section carefully and initial. If you have any questions, do not hesitate to ask a member of our staff.

Appointments

- 1) On arrival, please check in at the front desk and confirm that we have your current insurance on file.
- 2) We value the time we have set aside to see and treat your child. We do not double book appointments. If you are not able to keep an appointment, we would appreciate 24-hour notice. **You will be charged \$150 for your second and each subsequent missed (no-show) appointment in a twelve month period.**
- 3) If you are late for your appointment (10-15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 4) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 5) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.

Initial: _____

Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you may be responsible for payment of the visit if we cannot receive reimbursement from the correct insurance.**
- 2) If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories. For example:
 - a. Not all plans cover annual healthy (well) physicals, hearing/vision screenings and/or developmental questionnaires. If these are not covered, you will be responsible for payment.
 - b. Each insurance plan includes a limit to the frequency of allowable well visits per patient. It is your responsibility to find out what is allowed by your insurance company. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

Initial: _____

Referrals

- 1) Advance notice is needed for all non-emergent referrals, typically 2 to 4 business days.
- 2) It is your responsibility to know if a selected specialist participates in your plan and to obtain all information needed to complete the referral. (Name, NPI#, address & fax #)
- 3) Remember, we must approve referrals before they are issued. In most instances you are required to be seen in the office for the ailment associated with your specialist visit.

Initial: _____

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) Co-payments are due at the time of service. The accompanying parent or adult is responsible for payment at the time of service.
- 3) We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.
- 4) Patients without medical insurance are expected to pay for services in full at the time of the visit.
- 5) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 6) **Bills unpaid for more than 90 days may be turned over to a collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice.**
- 7) A \$25 fee plus any bank fees incurred will be charged for any checks returned for insufficient funds.

Initial: _____

Forms

- 1) We are not currently charging for school/camp/work forms. Average turnaround time for all forms is one week, sometimes less and sometimes more depending on the time of year. Please allow yourself plenty of time to have forms completed.

Initial: _____

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunization record to your physician, free of charge, as a courtesy to you.
- 2) We require written request of charts. You will receive your child's complete medical record. We **DO NOT** fax charts.
- 3) There is no charge to you if you pick up your child's chart. If you require us to mail your child's chart, there will be a \$20 charge per chart.

Initial: _____

Prescription Refills

- 1) Please allow at least 24 hours' notice, during regular business hours. If you require a medical exam for refill of a medication (for example, for ADHD medications), please plan accordingly. We will not be able to renew prescriptions without that appointment.

Initial: _____

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____

Responsible Party's Name _____ **Relationship to patient** _____

Responsible Party Member's Signature _____ **Date** _____