

MILESTONES PEDIATRICS
OFFICE POLICIES EFFECTIVE 01.01.2017

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 along with an understanding of how your insurance policy works. If you have any questions, do not hesitate to ask a member of our staff.

Please read each section in its entirety

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, 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.
- 6) **Confirming appointments;** Do you allow us to leave a message on any voicemail when confirming appointments? YES NO

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 full payment of the visit if we cannot receive reimbursement from the correct insurance.**
- 2) If your insurance company has not 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.
 - c. **Vaccine visits** may be subject to a co-pay if the child is seen by the physician.
 - d. Does your plan cover after hours care? After 5pm & weekend appointments; **code 99051**. Most insurance companies recognize this code which is intended to help cover the higher cost of doing business after 5pm and on weekends. If your insurance does not reimburse us for code 99051 then you may be financially responsible for the amount of non payment for the code.
- 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.
- 5) Does your plan cover well visits? For **newborns**, how many well visits does it cover in the baby's first year?
- 6) Does your plan require a year + 1 day between well exams for kids 3 years of age and older, or are you allowed 1 well exam per calendar year?
- 7) What is your coverage regarding other office or sick visits?
- 8) Are there restrictions to vaccine-only visits?
- 9) What is your primary care co-pay & deductible?
- 10) Does your plan cover in-office labs? For example; (rapid strep, flu, RSV, mono & stool occult blood testing)
- 11) Please note that even when we are participating providers in your plan, you may be responsible for amounts other than your co-pay or coinsurance, such as fees for well visits or immunizations not covered under your plan, or deductible amounts, etc. It is in your best interest to clearly understand the terms of your plan before services are rendered.

- 12) If you have any changes in your insurance coverage, it is important to update us with this information as soon as possible. Insurance cards should be presented to the front-end staff when a change occurs. If you have a new insurance then please know the effective date of the new policy.
- 13) ***NOTE THAT THERE ARE MANY DIFFERENT TYPES OF PLANS FOR EACH INSURANCE COMPANY. IT IS YOUR RESPONSIBILITY TO VERIFY WITH YOUR INSURANCE COMPANY THAT WE ARE PARTICIPATING PROVIDERS IN YOUR SPECIFIC PLAN. OUR DOCTORS' NAMES MAY APPEAR IN YOUR INSURANCE COMPANY'S LIST OF PARTICIPATING PROVIDERS AND YET WE MAY NOT PARTICIPATE IN YOUR SPECIFIC PLAN.**

Newborns

Please make sure that you add your newborn to your insurance policy within 30 days of birth.

Per your insurance contract, this is your responsibility. Have your carrier backdate your baby's coverage to the baby's date of birth. Any charges incurred due to failure of putting a newborn onto the insurance plan will be your responsibility.

Infants

We follow the American Academy of Pediatrics guidelines. We would like to see your newborn 1-3 days after hospital discharge. Your physician will ask how your baby is feeding, check weight and hydration, evaluate for jaundice, and discuss other important newborn concerns and questions.

Routine well visits are typically performed at the first visit after the hospital discharge, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years and then annually. This schedule can be found on our website. All other visits are billed as "office sick visits" and any co-pays and/or deductibles would apply.

Well Exams

During checkups for children, we perform the following:

- Height, weight and head circumference (depending on age) are measured and plotted on a growth chart.
- Hearing and vision screenings are performed as recommended.
- Blood Pressure is recorded for children 3 years and older.
- A body mass index (BMI) is calculated for all children 3 years and older.
- Vital signs and growth data are gathered and a complete physical exam will be performed.
- Developmental milestones, education, and safety issues are discussed in an age-appropriate fashion. This includes filling out an ASQ questionnaire for the appropriate age and some private time with our adolescents. For our adolescent demographic, we ask that the patient (not parents) fill out a Depression & Substance Abuse Screener.
- Recommended vaccines and screening labs will be administered.
- Forms for daycare/school/sports are completed (certain times of the year you may be required to pick up forms at a later time).

Referrals

- 1) Advance notice is required 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 to the patient. In most instances, you are required to be seen in the office for the condition associated with your specialist visit.

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 our collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice.**
- 7) You will be charged a \$25 fee in addition to any bank fees incurred for any checks returned for insufficient funds.
- 8) **Divorced/Separated Parents**-The parent that consents to the treatment of a minor child is responsible for payment of services rendered. Our office will not be involved with separation or divorce disputes.
- 9) **For patients aged 18-21 years**- All patients aged 18 to 21 years of age will be required to fill out our office policy form along with a consent form to release medical information to any parent.

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 \$20 charge per chart to you if you pick up your child’s chart. If you require us to mail your child’s chart, there will be a \$30 charge per chart.

Prescription Refills

- 1) Please allow at least 48 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.

Additional Charges

1. 18% Service charge for claims sent to our outside collection agency.
2. Fee for bill not paid within 30 days \$10 per month
3. Universal, school, or athletic forms **duplicates** \$10 for each form
 - a. These standard forms for students will be filled out at the time of the annual physical exam and provided free of charge. Patients must make additional copies of this form for their own records.

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. This form replaces any previously dated office policy form. By signing this form, you are taking financial responsibility, regardless of who holds the insurance policy.

Patient(s) Name(s) _____

Responsible Party’s Name (print) _____

Responsible Party Name (signature) _____ Date _____

Relationship to patient(s) _____