

MILESTONES PEDIATRICS

OFFICE POLICIES

Our goal is to provide and maintain a good physician-patient relationship. We are committed to providing you with the best possible care, and part of that is having a healthy communication with our patients. Letting you know in advance of our office policies allows for a good flow of communication and enables us to achieve our goal; therefore the following information is provided to avoid any misunderstandings or disagreements concerning your financial responsibilities for professional services.

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. Broken appointments represent a cost to us, to you and the other patients who could have been seen in the time set aside for you. 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/s 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 to a different time either that day or a different day.
- 4) Payment of your co-pay is expected at the time of service. This is required by your insurance. All copayments not paid at the time of service will be assessed a \$10 fee.
- 5) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 6) 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.
- 7) **Confirming appointments;** Do you allow us to leave a message on any voicemail when confirming appointments? YES NO **Initial:** _____

Insurance Plans

- 1) It is your responsibility to keep us updated with your most current insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit if we cannot receive reimbursement from the correct insurance.**
- 2) Contact your insurance company to confirm that we are selected as your primary. You agree to be financially responsible if any claim is rejected for eligibility reasons.
- 3) If you are unable to present your card at the time of service or provide proof of coverage, you agree to be financially responsible if any claim is rejected for eligibility reasons.
- 4) 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, developmental questionnaires, and postpartum screens** for mom, earwax removal, rapid strep, flu, RSV, mono and stool occult blood testing. If any of these services 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 allowed number of visits is exceeded, your insurance company will not pay; you will be responsible for that payment.
 - c. **Vaccines visits**, including the flu vaccine, may be subject to a co-pay if the child is seen by the physician for any other reason, or in addition to the vaccine. Most times patients will see the nurse for vaccine appointments and will not see a doctor. However, the nurse during the course of her observation of the patient and conversation with the parent may feel that there is good reason to bring the doctor into the visit. Once the doctor is brought into the visit, then the insurance considers the visit to be a non-preventative care office visit and the patient's co-pay will apply.
 - d. Does your plan cover after hours care? After 5pm & weekend appointments; billing code **99051**.
 - e. If a wellness visit contains a "problem" component beyond the scope of a "routine" wellness exam then the insurance may not cover the entire visit as "preventative care" and you may be financially responsible for a portion of the visit.

Initial: _____

Referrals

- 1) 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.

- 2) Advance notice is required for all non-emergent referrals, typically 2 to 4 business days.
- 3) 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 #)
- 4) Remember, we must approve referrals before we will issue them. In most instances, we will require you to be seen in the office for the ailment associated with your specialist visit.

Initial: _____

Financial Responsibility

- 1) You are responsible for any/ all co-payments, deductibles, and coinsurances, as indicated by your EOB (explanation of benefits).
- 2) Co-payments are due at the time of service. The accompanying parent or adult is responsible for payment at the time of service. A fee of **\$10** may be added to your account if the copay is not paid 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 or that have insurance plans that we do not participate with, should expect to pay for services in full at the time of the visit.
- 5) If your insurance company does not respond to our claim submission, we will submit the claim a second time. **If they have failed to pay after the second submission, the balance will become your responsibility, and is due within 30 days of billing.**
- 6) You are responsible for the timely payment of your account. If a balance is unpaid after 30 days, there will be a **\$10** billing charge added to each 30 day billing cycle until the account balance is paid in full. **Any patient balance unpaid for more than 90 days will be turned over to an outside collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice as well as a 18% service charge.**
- 7) A billing charge of **\$25** will be added to any bank fees incurred for any checks returned for insufficient funds along with the original amount of the check.
- 8) **Divorced/Separated & Co-Parenting Parents**-The parent/guardian that presents the child for medical services is the financially responsible party. If there is a financial arrangement between individual parental parties, this arrangement is between the two parties and does not absolve the parent that brings the child in for services from their financial obligation to our office. Our office will not be involved with separation or divorce disputes.

Initial: _____

Forms

- 1) The average turnaround time for all forms is 7-10 business days, 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/ren's complete medical record. We **DO NOT** fax charts.
- 3) There is a charge of \$1.00 per page or \$100.00 for the entire record, whichever is less. If your records are no more than 10 pages, the charge will \$10.00. We have 30 days after we receive a written request from you to provide you with your child/ren's records.

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** _____