



Your Partners in Pediatric & Adolescent Care!

PEDIATRIC PARTNERS, P.A.

Account #:

Pediatric Partners Financial Policy

Effective April 1, 2014 (Updated September 1, 2015)

Pediatric Partners believes in providing and maintaining a positive and communicative relationship with our families. We want you to understand our office policies. Please read our financial policy carefully. We will be happy to provide further clarification if necessary.

1. Billing/Payment Policy

We participate in many insurance plans and even with the same insurance company there are many versions of coverage. Please bring your insurance card to each visit, this helps us in determining what is covered and allows us to bill your insurance for you. Overall, it is your responsibility to understand your insurance policy and coverage. We will do our best to answer questions concerning billing, but you remain responsible to know what procedures and visits are covered. While many insurance plans cover preventative care in full additional services may be rendered at preventative visits resulting in additional charges. If you have any questions about what is included in a preventative visit, please visit our website or ask one of our staff members. We are happy to help if we can.

Please be ready to cover co-payments, deductibles and co-insurance at the time of your visit. According to the insurance plans with which we participate these may be collected at the time of service. If your co-payment is not paid on the date of service a \$15 charge will be applied to your account.

On April 1, 2014 we began requiring a payment card on file. A payment card is considered one of the following cards: debit, credit, FSA, HSA or HRA. When a FSA, HSA or HRA card is used as the primary card on file a debit or credit card is required as a backup card. If the FSA, HSA or HRA card is declined for any reason we will charge your backup card. Please be assured your payment card information is stored by an encrypted merchant service and Pediatric Partners only has access to the last 4 digits of your card.

After each visit we will file a claim with your insurance company for services provided by Pediatric Partners. Your insurance company is required to provide you with an EOB (Explanation of Benefits) explaining your responsibility after they have processed our claim. After reviewing your EOB if you believe there is a processing mistake please contact our office immediately.

If the amount determined to be your responsibility is less than \$125.00 we will charge your payment card on file 14 days after we receive the EOB from your insurance company.

If your responsibility is more than \$125.00 we will notify you before processing your card. Statements may be sent as a courtesy, payment is due upon receipt. If you receive a courtesy statement this serves as notification of balance due.

If we have a valid email on file we will email you a receipt showing the amount paid on your account. Please notify our office if there is any concern for discrepancy as soon as possible after receiving an email. Please note the email will mention your transaction receipt from Pediatric Partners.

If you decide not to leave a payment card on file you will be *required* to leave a \$125.00 deposit. Each visit you will be asked to replenish your deposit to the \$125.00 balance.



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Please be assured if there are financial circumstances that preclude you from settling your account at the time of your visit or once we have received your EOB we are more than willing to work with you. Please contact our office manager so arrangements can be made and noted in your account.

You are responsible for providing us any updates to your insurance. If any charges are denied due to the fact that you did not provide current insurance information, the parent or guardian of the patient will be responsible for any unpaid balances.

If your payment card is *declined* a \$25.00 charge may be applied to your account balance for each declined transaction. You are responsible for updating your address and telephone numbers on file. If we are not notified and your payment card is denied for an address change, this charge will be applied to your account.

If your payment card is *expired* we will notify you with an email or phone call, whichever communication you marked as 'preferred' on the *Authorization for Payment Card on File* form. You will have 48 hours after being contacted to provide us the new payment card information or a charge of \$25.00 may be applied to your account.

2. Non-Payment and Overdue Accounts

We realize some families experience financial difficulties and our main concern is providing excellent uninterrupted care to your children. We believe that communication of these difficulties is of the utmost importance so we can focus on your children. Please notify our office manager if you need help with financial arrangements. If you ignore or fail to respond to your financial obligations we will have no choice but to enforce our non-payment policy.

Any account over 45 days will receive a non-payment letter and will need to be settled or addressed with our office manager within 7 business days. If this notice is ignored, we will assume you no longer want your children to be cared for by Pediatric Partners and your account will be sent to our collection attorney and all legal fees and collection expenses will be added to your balance.

If your account is sent to our attorney we will have no choice but to end our relationship. Your child(ren) will be seen for 30 days for sick visits in order to allow you time to find another physician.

Our goal is to care for your children and our billing team is here to help you with any questions you may have concerning your balance. (913) 825-0923. We would like to thank you for choosing Pediatric Partners. We are committed to provide the best possible care to your child(ren).

By my signature below, I state that I have read and understand the Financial Policy for Pediatric Partners.

Parent/Guardian Signature

Date

Account #

Printed Name