

FINANCIAL POLICIES **Effective 01-01-2011**

INSURANCE

At each office visit, the parents should provide us with the current insurance information and present an active insurance card. This is a requirement from the insurance company. It provides our office with essential information about the financial responsibility of the parents for the services to be provided. In the event that a current card is not available, we will see the child, but our office expects payment in full for the services provided that day. The insurance company may have further procedures for reimbursing the insured.

Parents are responsible for understanding their benefits and obligations for payments to our doctors. Some insurance companies have contracts with specific lab, X-ray or hospital-based specialists. If the doctor suggests further testing or referral to another doctor, the parent should inform the doctor about these specifications prior to seeking the added service.

Parents are responsible for all co-payments, coinsurance and deductibles as dictated by their insurance plan. Copays are due at time of service. A late fee will be charged, in addition to the copay, if not paid by the end of that business day.

Parents are legally responsible for paying any and all remaining balances once their insurance company issues an explanation of benefit regardless of whether or not a printed bill has been received from our office. If there are remaining balances on the children's account(s) at time of additional services, parents are expected to pay these remaining balances in addition to a required copay for the current date of service. If the insurance company does not pay for services in a timely manner, the responsibility will be transferred to the patient.

Our office accepts cash, checks, Visa, Mastercard and Discover. A \$25 fee will be charged for checks returned for insufficient funds. Payment in full is expected, payment plans can be arranged through the billing office.

Patients without medical insurance or those presenting health insurance in which we don't participate, will be considered a self pay. Self pays are expected to pay in full at time of service.

DISMISSAL OF PATIENTS

The following reasons might be cause for patient/family dismissal from your doctor and/or meridian pediatrics:

- 1) medical noncompliance
- 2) failure to keep scheduled and/or rescheduled appointments
- 3) behavior issues by patient and or guardian(s)
- 4) failure to pay for services rendered

BILLING/CODING FOR CHARGES

There are specific regulations for health care service billing. As a health care provider, we are obligated to follow these regulations by reporting the services provided. It is not uncommon for patients, in the course of a routine preventive visit, to receive management and treatment services for an additional, separate problem. Both services must be reported to the insurance company and may result in an additional copay or charge per the insured's plan.

FORMS

There is a \$5 completion fee for any **school, camp or sports form**. The turnaround time is usually 5-7 business days. If the form is needed the same day, a \$15 fee will be required.

Payment is due when the form is dropped off, faxed or mailed to our office. A physical exam is required within the previous 12 month period in order to complete.

Forms will be held at the office for pick up or mailed to the patient if a self addressed stamped envelope is provided.

The first copy of each child's **immunization record** will be provided at no charge. A \$3 fee will be charged for additional copies.

RECORD REQUESTS

We ask for a 30 day notice from receipt of signed request; however, it is likely the records will be available prior to 30 days. We adhere to the Indiana code, IC16-39-9, which allows a record transfer fee. The fee is based on their guidelines. Please call the billing department to ask about the individual fee. The policy above is also followed for those who want their medical records for personal use.

ADDITIONAL RECEIPT OR ACCOUNT HISTORY

High deductible health plans require a receipt for services rendered in order for the parent to be reimbursed. It is the parents' responsibility to request a copy of the superbill (encounter form) which is considered the receipt. A \$5 fee will be required (paid at time of request) if an additional copy of the account history or superbill is requested.

COLLECTIONS

Referral to our professional collection service will be made on delinquent accounts when a payment and/or payment arrangements have not been made. This could also result in dismissal from our practice.

Outstanding balances are due within 30 days unless prior arrangements have been made with the billing department. After 30 days, a notice asking for payment in full will be sent. After 60 days, a notice stating that the account is in jeopardy of going to collections will be sent. After 90 days, a notice asking for payment in full within 10 business days will be sent. No payment at that time will result in the account going to collections. There may be additional costs associated with a transfer to collections which will also be the parents' responsibility. Dismissal from the practice may result if the account is turned over to our collection agency.

FEES AND CHARGES

Our charges for services rendered are subject to change. Fees quoted for future services may not be exact. Overpayments for services are refundable upon request. 24 hour notice required for appointment cancellation or a missed appointment fee may be charged.