

### KIDS FIRST PEDIATRICS FINANCIAL POLICY AGREEMENT

#### Insurance

Kids First Pediatrics participates with most insurance plans. Each insurance policy is different, and it is therefore impossible for us to know what your particular benefits may be. Therefore, it's important to contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations will be at the time of service. If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you.

# **Copayments and Deductibles**

Depending on your insurance policy, a copayment and/or deductible may be required at the time of service. These payments are expected to be made at the time of service. Payment may be made in cash, by check or by card. We also accept Health Savings Account (HSA) cards for payment.

Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the clinic. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered.

Please ensure that if you are unable to bring your child in yourself, whoever brings the child in is prepared to make all payments.

## **Newborn Coverage**

Not all insurance policies offer automatic coverage for new babies. You typically have 30 days from birth to add your child to an insurance plan. Please bring the insurance card of the parent to the first office visit, and then present the child's card to the office once available.

### **Sick at Well Visits**

We are required to document any ADDITIONAL concerns or conditions that arise at well visits. The codes used may have charges and therefore may require a CO-PAY at your child's well visit as well as other fees that may not be covered by your insurance or that are applied to your deductible. Examples of this include fever, ear infection, strep throat, or other illnesses that require attention.

#### **Credit Card on File**

In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Once processing the visit with your insurance, you may owe part of the patient responsibility fee, as spelled out in your Explanation Of Benefits (EOB). If we do not receive payment for the amount listed on your statement within 14 days, we will run the credit card on file for the full amount owed. Once your card is charged, a receipt will be sent to you by email.

If you would like to make arrangements to pay the amount by installments, please notify the office in advance.



## **Patients Without Insurance Coverage**

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount will be applied to the bill. We will provide a cash price list at the time of service.

### **Administrative Fee**

At Kids First Pediatrics, coordination of care is central to making sure that children get good quality healthcare. This means several hours are spent providing services that insurance does not pay for. Some of these services include processing various administrative requests, handling refill requests outside of office visits, providing after hours calls to parents, performing phone consultation with other pediatric specialists, and filling out any forms needed for school or camp without charging a fee for each form.

In addition, we offer a patient portal where you are able to access medical records, print immunization records, request forms, and send messages to office staff. We offer electronic prescriptions for all medications, including ADHD medication.

To cover these services, we charge a small annual fee of \$25 per family.

### No-Show Fee

Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take a slot that opens up. We require notice of at least 1 business day for all cancellations. Failure to notify the clinic in a timely manner will result in a no-show fee. Repeated no-shows will result in the family being advised to transfer care out of the practice.

### Insufficient Funds, Past Due Accounts, and Collection Process

A \$50 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred. Overdue bills are assessed a \$25 fee.

I understand that if my account is over 120 days past due, the process of being sent to collection will be initiated. Should the account be referred to a collection agency, I will pay all reasonable fees and collection expenses, and I understand that all delinquent accounts bear interest at the legal rate. I will be able to receive emergency care for my children for 30 days but will not be able to schedule appointments until my account is settled.

### **Divorced/Separated Parents and Custodial Arrangements**

Kids First Pediatrics does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree, custodial or other arrangement places that obligation on your former spouse or the child's other parent. We will be happy to provide receipts for paid medical bills for you as requested.



I have read and understood the above policy and agree to it.
Signature
Date/
Name
Relationship to patient