

Pediatrics Plus, PC

FINANCIAL POLICY

PRIVACY: A copy of our Notice of Privacy Practices is available and given to all patients in accordance with The Health Portability & Accountability Act of 1996 (HIPAA). (Included with original Registration material)

INSURANCE CARD: We must have a copy of your current health insurance card on file and please be prepared to show your insurance card at each visit. Insurance eligibility must be verified prior to seeing the Doctor/CRNP or you will be required to pay at the time of service. If there is a change in your insurance coverage, please notify us promptly. Most insurance companies have limits on the amount of time we have to file a claim. If we do not have the correct information, we cannot file the claim in a timely manner.

INSURANCE: Our office accepts assignment of insurance benefits from most major insurance companies for payment of services rendered. The responsible party must verify specific coverage for our Physician/CRNP's and the specific policy before treatment. Refer to our Billing & Insurance Policy for a list of **in-network** insurance plans and payment methods accepted. Our business office will assist you with coverage questions related to your insurance plan.

CO-PAYMENTS: Our Physician/CRNP's are contractually obligated per your insurance company to collect a co-payment at the time of service. Your insurance policy and the agreement between your Physician/CRNP and the insurance company requires we collect a co-pay per patient per visit. The parent or authorized person must pay co-pays at the time of service. If a co-pay cannot be paid at the time of service, your appointment may be rescheduled.

SELF-PAY: If there is no medical coverage at the time of service or our Physician/CRNP is out-of-network with your insurance, then the responsible party is liable for all charges incurred at the time of service. The business office will assist with the amount due and provide a copy of any itemized billing statement for insurance or tax purposes.

NEWBORNS: If newborn patient charges are incurred, then it is the parent's responsibility to add the newborn to your insurance policy or another acceptable policy within 30 days of the date of birth. If no insurance is acquired, then the parents or responsible party will be liable for all newborn office visit charges incurred until insurance is in force.

BALANCES & DEDUCTIBLES: In the terms of our contracts with health insurance companies, we are responsible for collecting at the time of service and/or billing you any portion of your treatment that your health insurance carrier does not pay/cover. You are responsible for paying this portion of your bill. All balances are due at time of service or upon receipt of your financial statement. Failure to pay could result in collection activity or dismissal from the practice. Your child's appointment may be rescheduled if you are not prepared to pay any balance (current or past due) and/or deductibles at the time of service. In the event of a returned check for insufficient funds, your account will be charged \$10. Refunds will be issued on accounts with a credit of \$50 or more. Any account with credits less than \$50 will have funds held for future visits unless otherwise authorized by the business office.

PAYMENT PLANS: We understand at times families may experience financial hardship and we do offer payment plans. Your first payment will be due upon signing a written agreement. Payments are based on the amount owed. No payment plan will be given to amounts less than \$100. If your payment plan is in default, the balance will be due in full. Failure to pay may result in collection activity and/or dismissal from the practice.

NO RESPONSE CLAIMS: If your insurance company does not respond to the claim within ninety (90) days from the date of the claim, you are responsible for the payment of the bill.

MEDICAID INSURANCE: We accept Alabama Medicaid Insurance. Children with Medicaid Insurance are allowed fourteen (14) visits per calendar year (does not include wellness visits). Children are allowed nine (9) well visits prior to age 2, and one (1) well visit per calendar year age 2 and above. Once you reach fourteen (14) visits in a calendar year, you are

responsible for the payment in full for each visit thereafter until the end of the year. ER visits for routine health problems may count as a doctor visit. Using one doctor and one pharmacy is best for your child's health.

AGREEMENT TO PAY: The parents or responsible party must agree to pay any account balance. In case of a default of payment and if this account is placed in the hands of a collector, collection agency or attorney, then all collection fees (33.33%), attorney's fees, court costs and all other expenses related to the collection of the outstanding balance will be paid by the responsible party. You agree, that for us to service your account or to collect any amount owed, Pediatrics Plus PC and/or its agents may contact you by telephone at any telephone number associated with the account, including wireless telephone numbers, which could result in charges. We may also contact you by sending text messages and/or emails, using any mobile number or email address provided for our use. Methods of contact may include using pre-recorded/artificial voice message and/or use of automatic dialing devices, as applicable.

CONVENIENCE FEE: Effective September 1, 2022, a convenience fee of 3% will be added to all Debit and Credit Card transactions. This fee percentage amount is subject to change at the discretion of Pediatrics Plus, PC. A notice will be posted if such a change.