



FINANCIAL POLICIES AND PROCEDURES

At Maeville Pediatrics, we believe that all patients who are rendered care at this office deserve the best medical care that can be provided. We provide you with this Agreement regarding our financial policy and your agreement to pay for services provided. Please sign and date this Agreement on the last page to indicate you accept these terms.

Insurance Billing

Your insurance policy is a contract between you and your insurance company. We do not get involved in such matters as disputes regarding deductibles, copayments, non-covered charges and "usual and customary" charges.

- You are responsible for timely payment on your account. We require that you pay any amount not covered by your insurance.
- Maeville Pediatrics is required, in accordance with its contract with your insurer, to collect from you Deductibles and Copayments and/or Coinsurance. We will determine your copay and how much of your yearly deductible under your policy has been met for the year.
- If you are unable to pay your copayment at check-in, another appointment will be made for you.
- Any additional payment owed will be collected in full at the time of service. If needed, we will work with you to arrange a payment plan.

Insurance Information

- We will request to see your current insurance card and photo identification at every visit so that we may scan and bill the insurance company in a timely fashion.
- It is your responsibility to ensure we receive current and valid insurance coverage at each visit.
- **Please call the telephone number on your insurance card before your appointment and they will assist you in finding out whether the service to be provided at the appointment is covered, whether a referral or prior authorization is required, and what your copay is and what your deductible is.**
- It is your responsibility to understand your insurance coverage. If your insurance does not cover the cost of your visit or procedure, you will be responsible for the charges for all services rendered. Please educate yourself as to your coverage so that office visits, procedures, testing, and specialist referrals may be arranged to best suit your needs.

Newborns

If you have a newborn or newly adopted child, congratulations! Your child is covered for the **first 30 days** by the mother's policy, regardless of which parent will provide ongoing insurance coverage.

- You should contact your carrier as soon as feasible to add the new child to your policy.
- Permanent coverage must be in place before the automatic newborn coverage expires. You must have your child added to your policy by 30 days from birth.
- If you have not received an insurance card, contact your insurance company prior to the visit to verify coverage and get an active insurance ID number.
- If you do not have active coverage your visit may be rescheduled/delayed, or you may be personally responsible for the bill.

Well Visits vs Sick Visits

For Wellness Visits or Physical Exams for which you require additional services beyond the scope of the wellness exam or physical, an additional charge will be incurred.



- You will be asked to pay resulting additional copayments or patient responsibility amounts.

Vaccines

Most health insurance plans cover the cost of vaccinations. However, you should check with your insurance provider before scheduling your child's appointment. If you don't have health insurance, or if your insurance doesn't cover vaccinations, your child is eligible for vaccines through the Vaccines for Children (VFC) program.

The VFC Program helps families of eligible children who might not otherwise have access to recommended childhood vaccines. Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Medicaid eligible: A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- Uninsured: A child who has no health insurance coverage
- American Indian or Alaska Native: As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- Underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC).

Waiver of Patient Responsibility

It is the policy of the practice to treat all patients in an equitable way regarding account balances.

- The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as our agreements with payers.

CREDIT/DEBIT CARD ON FILE

Maeville Pediatrics is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office.

- Your card will only be charged the outstanding amount that your insurance company determines to be patient responsibility, as detailed in your Explanation of Benefits (EOB).
- Once your card is charged, a receipt will be sent to you by email.
- We need to ensure that we have a guarantee of payment on file in our office.
- We do not store your sensitive credit card information in our office.
- We store it in a secure fashion with a reputable financial firm called a gateway. We access your information only on this site to process a payment.
- You will be required to sign a credit card on file authorization statement that will allow us to charge an amount agreeable to each of us until your balance is paid in full.

Explanation of Benefits (EOB)

You will receive a letter in the mail from your insurance carrier that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits, or EOB. This letter tells you exactly, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance to pay.

- We receive the same letter that you do. It arrives about 20 – 30 days after your appointment.
- We look at each Explanation of Benefits (EOB) carefully and determine what your insurance has determined as patient responsibility.
- We will always work with you to understand if there has been a mistake, and we will refund you if we have made a billing error.
- We will only charge the amount that we are instructed to by your insurance carrier, in the letter they



send to us and the amount that you have agreed to.

PAYMENT OPTIONS

Our office accepts most credit and debit cards. Our office also accepts valid check or cash.

- There will be a \$50 fee for all returned checks.
- Once we have a returned check for you, we may require that all future payments be with cash, money order, cashier's check, or credit card.
- Anytime a co-pay, deductible or balance is due, we will charge the fee to your credit card which will help to keep you at a zero balance and paid up in full with your credit card on file.

CASH PAYMENT

If you wish to pay cash, you will always be provided with a receipt so that you will have a record of your payment. Please make us aware if you are not provided a receipt.

NON-CONTRACTED INSURANCE (Out of Network)

If you have an insurance plan that we do not participate with, you may or may not have out-of-network benefits.

- These benefits typically have a higher copay, coinsurance, and/or deductible out of pocket cost. You will be considered a self-pay, uninsured patient if you do NOT have out of network benefits and if your insurance does not pay for the service, you are financially responsible.
- Please understand that what your non-contracted insurance deems "allowable" may not cover the entire charge and you would be responsible for any difference.

UNINSURED/SELF-PAY

We are happy to work with families that prefer to pay directly for services or do not have insurance.

- We offer a discount to all self-pay patients who pay in full at time of service.
- Payment is expected at each visit.
- We require a \$100 non-refundable deposit to be placed with us to schedule your first visit with us which will then be used toward the total cost of your first visit.
- If you fail to show up for your visit, you will be charged our 'no-show' rate.

DIVORCED/SEPARATED PARENTS AND CUSTODIAL ARRANGEMENTS

Maeville 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.

MISSED APPOINTMENTS/NO SHOWS/LATE FOR APPOINTMENT

We understand that you may not be able to keep all your scheduled appointments or might occasionally be late. Please understand that missed appointments have a detrimental impact on our practice and other patients understand there may be inclement weather or other circumstances that may require you to cancel your appointment.

- If you must cancel or re-schedule your appointment, **please do so at least 24 hours in advance**. Failure to cancel or reschedule an appointment at least 24 hours in advance will be considered a no-show.
- We reserve the right to charge you \$100.00 for any no-show if permitted by law and your insurance contract.



- Payment of the missed appointment will be required prior to scheduling another appointment.
- Maeville, reserves the right to terminate any patient with more than three no-show appointments upon 30 days written notice to the patient to seek medical help from another practice.
- We reserve the right to charge \$25 for regular appointments cancelled without advance notice of at least 1 business day.
- After three no-shows or same-day cancellations, your family may be dismissed from the practice.
- Payment of the missed appointment will be required prior to scheduling another appointment.
- If you are running late on the day of your appointment due to unforeseen circumstances, please contact our office immediately so that we can determine whether we can see you that day or if we will need to reschedule your appointment.
- If you are more than 15 minutes late for an appointment, Maeville Pediatrics may reschedule your appointment.

Non-Covered Services

Ear Piercing	\$150.00	Missed/ No Show Appointments	\$100.00
FMLA Paperwork	\$25.00	Appointments not canceled within 24 hours	\$25.00
School Forms	\$15.00		
Disability Paperwork	\$25.00		
Supplemental Insurance Paperwork	\$25.00		
Dictated Letters	\$25.00		

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Maeville Pediatrics: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated during examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for all services provided to me by Maeville Pediatrics. This order will remain in effect until revoked by me in writing.

I have received the practice's Medical Authorization for Release / Disclosure of Protected Health Information / HIPAA Privacy Notice.

This consent form is simply to obtain your permission to perform the evaluation necessary to identify any condition that might require an appropriate treatment and/or procedure as part of your plan of care. You have the right to be informed about any condition identified and the options for recommended surgical, medical, or diagnostic procedure to be used. This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that you understand that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended, along with potential risks and benefits. The consent will remain fully effective until it is revoked in writing. You have the right at any time to ask additional questions or to discontinue or decline services.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.



Signature
Patient Name (PRINT):

Date

Signature
Name of Person Financially
Responsible for Patient's
Treatment (PRINT):

Date