

Patient Financial Policy

Thank you for choosing Children's Pediatricians & Associates (CP&A) as the healthcare provider for your child/ren. We are committed to providing you with outstanding care at the most affordable cost. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

FULL PAYMENT FOR PROFESSIONAL SERVICES IS DUE AT THE TIME SERVICE IS RENDERED IF YOU ARE WITHOUT ACTIVE INSURANCE COVERAGE (SELF-PAY).

ALL COPAYMENTS MUST BE MADE AT THE TIME OF CHECK-IN FOR THE APPOINTMENT. WE ACCEPT CASH, CHECK AND MAJOR CREDIT CARDS.

Please sign below to acknowledge your understanding and acceptance of this policy.

- 1) As a courtesy, upon presentation of your current valid insurance card we will bill your insurance policy. However, the entire balance is your responsibility whether the insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.
- 2) CP&A is required by law to accurately report all services received by our patients. Not all insurance policies cover all services we provide. It is your responsibility to know if you have coverage before services are rendered. In the event that your insurance determines that a service is "not covered" under your policy, we cannot change the procedure or diagnosis code originally submitted in order for it to be paid.
- 3) **Newborn patients:** If you have enrolled your child/ren in an insurance policy or started the application process, CP&A allows a 30 day grace period to add your newborn child/ren to a state insurance or new/existing insurance policy. ***Please present the front desk with a copy of your policy if the grace period is greater than 30 days.*** If your child/ren have not received a policy number within 30 days or less you are responsible for all charges incurred. If we cannot confirm your newborn child/ren's insurance coverage at 31 days of age or greater you will be responsible for the visit in full at the time of service.
 - a. **Self-pay newborns patients:** Your newborn will be deemed a self-pay patient at the time of service if there is a lack of insurance coverage verification. Once the newborn has been added to the insurance policy, contact the CP&A Billing Office at **(301) 754-3040**. CP&A will file the claim on your behalf and will issue a refund upon receipt of payment by the insurance for all outstanding claims, unless your child has coverage under a state plan for all dates of service in question. **All refunds will be generated via a paper check only and mailed to the person of payment on record.**
- 4) **Primary Care Physician (PCP):** A Children's Pediatrician & Associates physician must be listed on your child/ren's insurance card as their **primary care physician (PCP)** in order for us to receive reimbursement for services rendered (if applicable). It is your responsibility to assign the correct primary care physician through your healthcare plan. Any services denied reimbursement due to the **primary care physician (PCP)** may become your responsibility.
- 5) **Patient Information Verification:** It is your responsibility to ensure the patient's insurance plan has the correct spelling of your child/ren's name(s) and date(s) of birth. This information should also match the information provided to CP&A. If we cannot verify your child's information with the insurance (i.e., date of birth or spelling do not match), and/or determines the coverage is invalid or the policy has been terminated, all services rendered to your child/ren must be paid in full at the time of service.
- 5) **Co-payments:** Please note co-payments are due at the time of service depending on your insurance plan allowance. Your co-payment is determined by the insurance plan and cannot be waived by the practice or provider of service. The adult accompanying a minor child is responsible for co-payment in full at the time services are rendered. **Failing to pay your co-payment at the time of service may result in a \$10.00 administrative charge on the patient's account.** Frequently failing to pay your co-payment is grounds for dismissal from Children's Pediatricians & Associates.
- 6) **Routine Well Child Visits:** On occasion, during well child visits (routine physical exams) our providers may diagnose and treat a problem. Problems addressed during these preventative visits may be billed as non-routine care in addition to routine well child visit. Please note that some insurance policies do not cover both services when performed on the same day. In the event that this occurs, you will be responsible for an

additional co-payment, co-insurance, deductible, or denial after the visit. These decisions are based on your insurance policy's benefits and coverage.

- 7) **Deductibles:** At time of service, if a deductible balance is remaining based on your current benefits status, *it is our policy to collect 50% of the visit charge before services are rendered.* Please note this excludes routine preventative visits and services (i.e., routine physical exam, vaccines, screenings, etc.).
- 8) **Forms Charge:** There is an administrative charge for the completion of forms. Charges may vary based on the type of form and insurance policy. Charges may be subject to change at any time without notice.
- 9) **Coordination of Benefits (COB):** It is the **responsibility of the guarantor and/or policyholder** to notify CP&A and their insurance whether or not the child has any additional medical insurance coverage. By law, Medicaid plans are considered secondary when another insurance coverage is active for the child. If you do not accurately inform CP&A that your child has other medical coverage or update your COB with your insurance plan(s) annually, you may be held responsible for all balances associated with denials for coordination of benefits.
- 10) Children's Pediatricians & Associates is authorized to receive direct payment of any medical benefits for the services being rendered.
- 11) In the event that your insurance coverage changes to a **policy in which we are a non-participating provider**, you are responsible for payment in full at the time service is rendered. As courtesy we will still attempt to file a claim on your behalf. In the instances that we are unable to file the claim, we will provide you with the necessary medical documents in order for you to process your claim upon request.
- 12) **Motor Vehicle Accident (MVA):** Please be aware that Motor Vehicle Accident (MVA) claims will be filed with the patient's medical insurance policy unless otherwise informed, upon which the guarantor will be responsible for all services to be paid in full at the time of service. Any filing to a Motor Vehicle insurance policy will be the patient's/guarantor's responsibility; however, Children's Pediatricians & Associates will provide any required documentation. Refunds to any medical insurance policy for any reason will only be made upon request by the medical insurance carrier in writing.
- 13) CP&A reserves the right to add 25% of the total delinquent amount if your account is to be sent to an outside collection agency.
- 14) CP&A reserves the right to charge a \$35.00 Insufficient Funds (ISF) Fee for any returned items (checks and/or credit/debit card transactions).
- 15) **No-Show/Cancellation Fees:** CP&A reserve the right to charge a \$35.00 No-Show Fee (NSF) for all appointments cancelled without 48 hours advanced notice. Excessive no shows/cancellations may lead to dismissal from Children's Pediatricians & Associates as these affect our ability to treat other patients.
- 16) **Late Arrival:** Children's Pediatricians & Associates reserves the right to reschedule, change the scheduled provider, and/or delay your appointment time for any patient late arrivals beyond the allowable grace period. All patients are to arrive 15-20 minutes prior to their appointment to complete their registration, update their insurance cards on file, etc., regardless if they have completed the mobile check-in ahead of their visit.
- 17) **Telemedicine Visits:** Telemedicine (or remote video) visits are an approved alternative form of a face-to-face medical visit from the patient's home that is covered by certain payers. If your child is eligible for this type of remote video visit, but your plan does not participate in this form of home care, you will receive an advanced notice of non-coverage form for this service. All patients will be required to complete a mobile check-in prior to their remote visit up-to 2 days prior to their telemedicine visit date to ensure proper coverage or notice of non-coverage for these visits is confirmed ahead of time.

By signing below, I agree that I have read and understood the above mentioned terms and conditions of the financial policy for Children's Pediatricians & Associates (CP&A). Failure to sign is grounds for dismissal from Children's Pediatricians & Associates.

Guarantor's Signature / Responsible Party

Date

Staff Member's Signature / Printed Name

Date