

## FOREST HILLS PEDIATRIC ASSOCIATES, PC FINANCIAL POLICY

At Forest Hills Pediatrics, we desire to provide the best possible medical care for your children. Our goal is to offer competent, compassionate and comprehensive medical care. We take that responsibility seriously, and are constantly seeking ways to optimize your medical care through continuing medical education and practice management seminars. We also feel it is a responsible business policy to clearly communicate our financial expectations of you. Most of this information has not changed from previous policies, however there are some differences which are underlined below. If you have any questions regarding this financial policy, please do not hesitate to speak with our billing manager. We consider it a privilege to provide health care for your children.

### **·PAYMENT FOR SERVICES**

All payment is expected at the time of service. If we do not participate with your health insurance plan or have no health insurance, you are responsible for the full payment at the time of service. When accounts are paid in full at the time of service, we will apply a **30%** discount to the total charge. This discount does not apply to co-payments or high deductible plans. If you have a high deductible plan, no insurance or a non participating insurance plan, we will ask you to keep a credit card on file. We will provide you proper documentation to submit for insurance or employer reimbursements.

We currently participate with the following health insurance plans:

Aetna PPO, BCBS, Blue Care Network,(except Partnered Plans and West and Southwest Plans), Cofinity, Grand Valley Health Plan (on special pre-arrangements), Meridian Health Plan , Medicaid, Messa, Physician's Care, Priority Health, Priority Medicaid and United Healthcare (not Medicaid)

Your insurance plan requires that **you must present your insurance identification card(s) at each visit** to ensure correct billing and eligibility information. If your insurance card lists the primary care physician, it must list one of our physicians in order for your child to receive medical care at Forest Hills Pediatrics.

**All insurance co-pays are to be paid at the time of service.** This policy has been set by your health insurance plan and should be stated in your policy manuals. If the co-pay is not paid at the time of service, a \$10 late fee will be added to your account. **The person accompanying the child is responsible for the copay.** If you have any questions regarding the co-payment amount or your deductible, please contact your insurance plan.

Everyone should obtain a summary of covered benefits from their insurance provider. This explains what is covered by your insurance, and what is excluded (not covered). It is very important to read this because it will tell you if preventative care exams (well child exams or physicals), immunizations, referrals, or office visits are a covered benefit. It will also tell you what your office co-pay will be at the time of your visits, and outlines your pharmacy and hospital co-pays and coverage. If it is not clear from your insurance policy manual, please call your insurance representative and ask them for this summary of covered benefits. We are unable to keep track of each patient's unique coverage. We need your help in being aware of your particular health plan.

### **METHODS OF PAYMENT**

We accept the following methods of payment: cash, personal check, debit card, American Express, VISA, MasterCard, or Discover. For your convenience we can keep your card number, expiration date, and your signature authorizing payment in a secure protected field within your child's account. It may be used to pay your bill or co-payment in the event that you forget your wallet, or when someone else has your permission to bring your child for treatment. Payments can also be made online through our secure web portal. Please note that you must have a sign-on and password to access the portal.

A service fee of \$30.00 will be assessed for all checks returned for insufficient funds.

### **·FINANCIAL HARDSHIP**

If you are facing financial difficulties, please call the billing office to make special arrangements. We understand that each of us may have a period of financial difficulty and we are very willing to set up a repayment plan so that your child can continue to receive medical care at Forest Hills Pediatrics.

If you have not made special arrangements with the billing office and charges remain unpaid 60 days after the date of service, we will consider your account past due. When your account is past due (60 days) you must make arrangements with the billing office before scheduling appointments for your child.

### **·OVERDUE PAYMENTS**

Accounts over 90 days past due will be considered seriously delinquent and will be referred to our Collection Agency. Failure to pay for services already provided may result in discharge from our practice. We may continue to see your child(ren), if arrangements have been made with our billing office.

If we have been unable to resolve your claim with your insurance company within 60 days of the date of service, we will notify you and ask that you check into the delay. If the claim is still unresolved after 90 days, we will request the payment in full from you directly. **You are ultimately responsible for all charges.**

### **·NEWBORNS**

It is essential that you enroll newborn infants with your insurance carrier within 30 days of the child's birth. If your child is not enrolled, he will not be covered under your policy. If you fail to do this within 30 days following the birth of your child, we will bill you directly for the services provided. Please call our office to inform us when your child has been added to your insurance. Failure to do so, will make you personally responsible for all charges.

### **·AUTHORIZATION FOR MEDICAL CARE**

If your child is a minor under 18 years of age, he/she must be accompanied by a parent or legal guardian. If this is not possible, an adult who has obtained a written consent from you may accompany your child. The consent should give the adult permission to seek medical treatment for your child and it must be signed and dated by a parent or guardian. A form can be downloaded from our website at [foresthillspediatrics.com](http://foresthillspediatrics.com) as well. The consent must be presented at the time of service. An exception to this is an adolescent presenting for confidential services, which we are permitted by the State of Michigan to provide without notifying the parent.

### **·REFERRALS**

Most insurance plans require that a member receive a referral from your primary care physician before seeing a specialist. Even if your plan does not require a referral, we highly recommend that you speak with us before seeing a specialist. Your insurance plan may have a limited number of providers to choose from and we can help identify the ones who have special expertise in dealing with children. Your child's best interests are served when there is communication between the pediatrician and the specialist. Also, our referral staff must have the necessary information in order to process the appropriate paper work so that your child's visit to the specialist will be paid by your insurance company. When choosing an insurance plan for your children make sure that your plan allows your children to be hospitalized at a children's hospital and to see pediatric specialists or sub-specialists who have been specially trained to care for children and their unique illnesses.

### **·MISSED APPOINTMENTS AND CANCELLATIONS**

Missed appointments are costly to us, to you, and to other children who could have used the time set aside for your child. Cancellations are requested 2 hours in advance. This will allow us time to give the appointment to another child who needs to be seen that day. We reserve the right to charge you \$40.00 for missed or "no show" appointments as well as late cancellations made without 2 hours prior notice. New patients that "no show" for their first scheduled appointment may not be allowed to reschedule in our office. Our "no show" policy states that **after 3 "no shows," your family will be discharged from our practice.**