



VALLEY PEDIATRIC ASSOCIATES, L.L.C.

FINANCIAL POLICY

We would like to thank you for choosing Valley Pediatrics for your child's medical care. Valley Pediatrics believes providing and maintaining a positive and communicative physician-patient relationship with our families is essential. We want to make sure that you understand our financial policies relating to your responsibility and the responsibility of your insurance company. Please read this carefully. We will be happy to provide further clarification if needed.

Please sign the Signature page to document that you have read and understood these policies.

BILLING / PAYMENT POLICY:

Payment is required at the time of service for all co-payments, deductibles and coinsurance, as dictated by your insurance company. If you send your child to the office with another care giver (Grandparent, Nanny, etc.), please provide the caregiver with your insurance card and co-pay so your child can get seen.

Valley Pediatrics accepts cash, personal checks, VISA and MasterCard. There is a service charge of \$35.00 for returned checks.

Co-Payments. Insurance carriers require that we collect your co-payment at the time of your visit. There may be a fee for any co-pays which have to be billed.

Deductibles. Most insurance plans require you to pay a predetermined amount before the insurance will cover certain charges. We will collect up to \$75.00 at the time of your visit to cover this deductible. This payment will be applied to your visit. After your insurance processes your claim, you may be responsible for an additional amount.

NOTE: If you have a Credit-Card-on-File (CCOF), you will not be required to pay a deposit at the time of the visit.

Uninsured patients / Self-Pay. If you do not have proof of insurance, payment is due at the time of your visit. A prompt pay discount is available if you pay in full at the time of the service. If the total charge amount is not available at the time of checkout, you will be required to pay a deposit to be applied to your charges. A refund will be issued if needed.

NOTE: If you have a Credit-Card-on-File (CCOF), you will not be required to pay a deposit at the time of the visit.

Credit Card on File (CCOF). This convenient payment method saves you from having to write checks, eliminates late fees, and saves paper. The account number is stored securely by our credit care processor. Valley Pediatrics only has access to the last 4 digits of your account. After we receive payment from your insurance company, we will notify you of your balance. You will have 48 hours to discuss any question or concerns. We will then charge your credit card. You will receive a receipt of any charges that are made to your card. If we are not able to receive payment from your card (e.g. it has expired), we will bill you immediately.

Telemedicine Visits. Telemedicine visits are treated like in-person visits. That is, all demographic information must be updated, the co-pay is due at the time of the visit, insurance coverage is your responsibility, and there will be a no-show fee as appropriate. This will not be charged if there were technical issues causing the cancelation. (See Telemedicine Consent form for more information).

INSURANCE:

It is your responsibility to update any information including your address, email, phone number, and current insurance information. You must present an active insurance card at every visit. Each insurance company may have several versions of coverage. It is your responsibility to fully understand your plan and any health savings accounts you may have. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurance at the time of your visit. Valley Pediatrics is not responsible if your insurance does not pay.

Occasionally, your child may have a significant illness or problem that needs to be addressed at the well visit. This may require an additional visit on another day or an added sick visit at the same time, either of which may require a co-pay as mandated by your insurance company.

If your Plan requires it, you must name Valley Pediatrics as your Primary Care Doctor prior to your first appointment. If a Valley Pediatrics physician is not named on your insurance as your Primary Care Doctor, your appointment may need to be rescheduled. You do not need to be seen by that specific clinician; all the clinicians in the office will be covered.

If your insurance is not active at the time of the appointment, you will either be required to pay at the time of your visit or reschedule your appointment.

REFERRALS:

You must receive a referral to specialists *before* the appointment. As per your insurance rules, no retroactive referrals will be given.

OUTSTANDING BALANCES:

Outstanding balances are due upon receipt. Parents are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement. Payments from you are due within 30 days after denial by your insurance. Balances can be paid via our patient portal.

Patients with an outstanding balance over 90 days overdue must make arrangements for payment prior to scheduling routine appointments, including Well Visits.

PAST DUE ACCOUNTS:

If we have to turn your account over to collections, you agree to pay 10% interest on the outstanding balance from the date your bill was due, and all our costs and expenses of collection, including, but not limited to, our reasonable attorneys' fees.

We will not see patients for routine exams / well visits, evaluations or follow up appointments if a patient's account is in collections.

NO SHOW / CANCELED APPOINTMENTS:

If you are unable to keep your scheduled appointment, please call our office 24 hours before your appointment to reschedule. This will allow time to provide that time slot to another patient. We reserve the right to charge for appointments that are not canceled at least 24 hours in advance (\$25.00 for sick visits, \$50.00 for Well-visits & behavior consultations). This fee is usually not paid by insurance. This fee does not apply to Medicaid patients. Repeatedly missing appointments without adequate notice may result in discharge from the practice.

QUESTIONS ABOUT YOUR BILL:

Please call if you have a question about your bill. Billing questions can be answered Monday through Friday, 9 AM – 4 PM. Phone 410-785-0333. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent a child from receiving the care they need at the time they need it. However, if you ignore or fail to respond to your financial obligation, we reserve the right to discharge you from our practice. If your credit card is not valid we will notify you; payment will be expected in 10 days from receipt. If payment is not received or arrangements made, we will assume you no longer want to have your children seen at Valley Pediatrics. Your account may be sent to collections and all legal fees and collection expenses will be added to your balance. By law, we will continue to provide emergency care for 30 days from the date of notice of your discharge from the practice.

FORMS:

There is a fee for forms that is due at the time a form is dropped off. The charges range from \$5.00 to \$25.00. The fee charged depends on how much information is required and on how much time it takes to complete the form. Forms will be complete in 5-7 business days. For emergency (same day) forms, there is an additional fee of \$25.00.

Please see the Form Fee Explanation for further details.

MEDICAL RECORDS COPYING FEES:

All record requests must be in writing on a record request form. We require 14 business days for completion of these requests. The fees are determined by state law and are available on the MedChi website. An electronic copy of the patient chart is \$15.00 + cost of postage.