

Lancaster Pediatrics, PA

Payment Policies

Thank you for choosing Lancaster Pediatrics, PA for your child's medical care. We are providing you with the following information to help you understand our insurance and billing policies.

Your Responsibilities

- Please **show your current insurance card at every visit**. This is to protect you from receiving a bill because we did not have correct insurance information. We will attempt to validate your insurance benefits at time of service and alert you to any problems. If we cannot validate your coverage, we may assign your account to self-paid status and request full payment at the end of your visit.
- Please **pay your co-payment at the time of the office visit**. Our contracts with insurance companies require us to collect your co-pay at the time of service. We accept cash, credit cards (VISA, MasterCard), and checks as forms of payment. In the event a personal **check is returned unpaid** from your bank, your account will be charged with a returned check fee of \$30, and your account may be placed on a "cash only" basis for one year. **Late co-pays** are subject to an additional \$25 service fee.
- If your insurance plan is subject to **routine deductibles and co-insurance**, we require you to keep a credit card on file so we can collect those charges as soon as your insurance carrier assigns the appropriate amount of patient responsibility. During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
- Please **cancel any appointment that you cannot keep** at least four hours prior to your scheduled start time. Otherwise you may be assessed a \$25 missed appointment fee.
- **Please know your insurance benefits**. Your insurance policy is a contract between *you* and your insurance company, even if your employer provides it. There are many subtle differences in insurance policies, and employers frequently change coverage and co-payments. You are responsible for knowing what services are covered (and how often, in the case of well visits), and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover, or for which you have a deductible that has not yet been met. You should also be aware of where your insurance wants you to go for any lab or radiology procedures, so that in an urgent situation, you are seen at the appropriate facility and will not receive a bill.
- If your insurance plan requires you to **choose a primary care provider**, you must contact your carrier and select our office as soon as your medical records are transferred. In accordance with carrier guidelines, we cannot schedule any appointments or write any referrals until we receive notice that you have been added to our roster.
- 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.
- If your child is **covered by more than one insurance policy**, be sure you know which is considered primary. We must submit claims to the appropriate carrier(s) in the right order.
- **Carefully read all Explanation of Benefits (EOB) statements** you receive from your insurance carrier. We receive the same statements, and any charges which your insurance carrier designates as "patient responsibility" will be billed to you directly from our office if you do not have a credit card on file. For your convenience, balances less than \$20 may be added to your account, in which case payment will be expected at the time of next service.

Our Collection Procedures

- If your account is **self-paid**, all services must be paid for at the time of your visit. This may include situations where we cannot validate active coverage with your insurance carrier. In such cases, we will collect payment at time of service and refund any amounts subsequently collected from your carrier.
- If you have valid coverage with a **participating insurance carrier**, we will file an insurance claim within five business days of your date of service. If there are any problems with this submission, we will notify you immediately and request your prompt assistance with any conditions under your control that are causing a delay in processing. If your insurance carrier does not respond within 30 days, we will submit a second claim. If your insurance carrier does not respond to our secondary submission within 60 days from the original date of service, we will send you a statement, and payment will become your responsibility. You will need to contact your insurance carrier if you think it is responsible for payment. We will expect payment from you or them within 30 days of receipt of your statement.
- If your participating insurance policy is subject to **routine deductibles and/or co-insurance** that cannot be collected on the date of service, we will charge your credit card on file as soon as your carrier provides an EOB designating your financial responsibility for the claim. We will only charge your credit card without prior notice if, in our sole opinion, the claim was adjudicated normally. If the claim is denied, we will contact you to resolve the situation before collecting any amounts indicated as due or non-covered services.
- If you are insured by a **non-participating insurance carrier**, we will expect payment from you at time of service, and it will be your responsibility to submit any claims to your insurance company for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process.
- All **statements are due on receipt**. If charges remain unpaid after 30 days, a second statement will be rendered with a notice requesting immediate payment. If charges still remain unpaid after 60 days, a final statement will be rendered with a letter informing you that our relationship is subject to cancellation after 30 days of urgent and emergent care. All further services will be provided on a cash-only basis.
- We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account and possible payment options.
- We reserve the right to place your account with our collection agency after all internal efforts to obtain payment have been exhausted. You are then responsible for any collection costs in addition to your outstanding bill. If you are presently in collection, the practice will use its discretion as to providing you with further treatment or asking you to find another physician.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING.

By signing below, I acknowledge that I have read and understand this policy.

Signature: _____ Date: _____

(written name/relationship to patient(s))