



Pediatric Associates of Lancaster * 1554 Wesley Way Lancaster Ohio 43130 * phone: 740-687-6386 * fax: 740-687-1388
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Pediatric Associates of Lancaster, Inc. Office and Financial Policy

Thank you for choosing Pediatric Associates of Lancaster for your medical care. We are committed to providing you with the highest quality medical care possible in a cost-effective manner. We are happy to discuss with you any questions you may have concerning your account. Our goal is to provide and maintain a good physician-patient relationship. Informing you in advance of our policies allows for a balanced flow of communication for all.

Please read each section carefully and sign where indicated to acknowledge your understanding. If you have any questions, please feel free to ask for clarification from our staff.

Things to bring to each appointment:

- Health Insurance Card(s) – be sure to bring all active and applicable insurance cards
- Driver's license
- Method of payment (we accept, cash/check/credit card payments)

Appointments:

- We value the time we have set aside to see and treat your child. If you require cancelling your appointment, please notify our office immediately so that we may offer the appointment slot to another patient.
- If you/your child/children miss 2 appointments without giving prior notice, you will receive a letter of warning. If there is a 3rd missed appointment without prior notification, you will be asked to leave the practice and find care elsewhere.
- If you are more than 15 minutes late for an appointment without notifying the office, it may be necessary to re-schedule or cancel the appointment.
- We strive to minimize wait times, but emergencies do occur that may take priority over the scheduled appointments, and in these instances, we appreciate your patience and understanding.
- It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals before your scheduled appointment (failure to confirm this information may result in your responsibility for any/all charges).
- Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc.). Failure to notify us immediately of changes in demographic information, financial status, and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier.

Evening, Weekend and Holiday Differential:

- Evening, weekend, and holiday office hours are services that we provide for the convenience of our patients.
- Due to additional cost for staffing and office-related expenses during these times, you will be charged a differential for this availability of care. We will bill your insurance company for the differential, however not all insurance plans cover this charge. Depending on your level of coverage – you may be responsible for payment of this additional fee.
- Please be sure to schedule your appointment(s) during our regular office hours, if you do not want to be responsible for the differential.

Insurance Plan:

- It is your responsibility to keep our office updated with all your current/correct insurance information. **If the insurance information you provide to our office is incorrect – you will be responsible for payment and for submission of the charges to the correct plan for reimbursement.**
- Your insurance carrier may require your primary care physician to be on file and/or to appear on your insurance card. Please ensure that you have updated your insurance company with our office information as your child's primary care physician.
- It is your responsibility to understand your insurance benefits with regards to covered services and participating laboratories. There

may be limitations on annual well care, sports physicals, hearing and vision screenings, etc. You are responsible for verification of insurance benefits and knowledge of your financial responsibility for services provided by our office for your child.

- According to your insurance plan, you are responsible for all co-payments, deductibles, coinsurance, and non-covered services.
- If your insurance carrier requests other information from you, such as evidence of coordination of benefits, they will not reimburse our office until you provide the information. If you fail to comply in a timely fashion, you will be responsible for the charges.
- It is your responsibility to know if a written referral or authorization is required to see a specialist, whether pre-authorization is required prior to a procedure (example: MRI or CT scan), and what/how services are covered.

Your relationship with your insurance carrier:

- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company.
- Insurance carriers require that newborn infants are enrolled within 28 or 30 days of birth. If you fail to enroll your infant within 28 or 30 days of birth, the child will not have insurance coverage and you will be responsible for any charges.

Payment at time of service:

- Payment (co-payment, personal balance payment, etc.) for our services is due at the check-in – regardless of who accompanies the patient to the office, if the patient is of driving age and arrives to the appointment alone, and regardless of any judicial proceedings or judicial decrees. Failure to produce required payment at check-in may result in your appointment being rescheduled.
- We accept cash, check, credit and debit cards.
- If you receive more than one type of service on the same day, or during the same visit, you may be responsible for more than one co-payment.
- If there is a personal balance due on your account that requires payment – we will ask for a full, or partial, payment towards that balance at check-in.

Financial Responsibility:

- Patient personal balance invoices are compiled and mailed once your insurance carrier has processed your claim. Your payment is due immediately upon receipt of your invoice from our office.
- We offer an automatic payment program for balances to be paid over time. We require a minimum payment per month based on your balance to ensure timely collection.

Self-Pay Patients:

- We offer a reasonable discount for our cash paying patients with no insurance coverage. We will give you an estimate of what will be due at the time of service and/or payment towards a personal balance due at the time of service, if applicable.

Medicaid and Medicaid Managed Care Plans:

- Please make sure to have a full understanding of your benefits and what might be your responsibility if not covered by your insurance plan.
- Please ensure that your enrollment/id card is current before your appointment to ensure the correct agency is billed for your service(s).

Minor Patients:

- The parents(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor, as well as payment in full for services provided.
- In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for anyone that is not the patient, unless otherwise documented.
- *Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient.*

Auto Accidents:

- Motor Vehicle Accidents (MVAs) will be filed with your auto insurance company by the policy holder. We will treat the patient and provide a statement, and if applicable a copy of the medical record, and the policy holder is responsible for forwarding that information to the insurance company(s).

Lab/Hospital Charges:

- Any services provided by a lab or hospital is a contract between you and the lab or hospital. Any dispute with these outside facilities is your responsibility and not that of our office.
- It is your responsibility to know which procedures your insurance company will or will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

Referrals:

- Advanced notice is needed for all non-emergency referrals. Please allow 3-5 business days for processing.
- It is your responsibility to know if a selected specialist participates in your plan.

Collections and Outstanding Personal Balances:

- If you are unable to pay an outstanding personal balance in a single payment, we will be pleased to work with you on a payment plan. We strongly recommend a good faith down payment (example: 25% of balance) along with enrollment in an automatic payment plan to ensure that the balance will be paid in a timely manner. A minimum of \$20 per payment is required if paying with our automatic payment plan or by credit card payment. Any changes to an agreed payment plan will require ample notice and agreement from our billing office.
- Please contact our billing office to review and establish options for payment on personal balances with our office.
- If no payment plan has been established and no payment has been received past 90 days from date of first invoice – we may submit your account to our collection agency for collection of funds.
- Patients with unpaid delinquent accounts or accounts which have been sent to collections may be discharged from our practice.

Insufficient Funds:

- You are responsible for any bank fees associated with failed payments due to insufficient funds.

Refunds:

- Refunds are issued to the appropriate party.
- Patient refunds will not be processed until all active, or past due, personal balances are paid in full.
- Refunds less than \$10.01 will not be issued, unless requested, and will be credited to your account at our practice.

Prescription Refills:

- For medication refills, we require a 48-hour notice, during regular business hours. Please plan accordingly.

Medical Records:

- If you transfer to another physician, we will provide a copy of your immunization record and a summary of your visits to your new physician, free of charge, as a courtesy to you. The transfer of medical records may take up to 30 days to process, so please plan accordingly.
- We provide records of your child's visits (including consultation from specialists) for services provided at our offices only. For any previous records, you must request the directly from your previous doctor(s).
- We charge a fee for requested records to be released to parent/guardian, attorney, insurance, etc. Our fee is dependent on the number of pages requested and possible postage – please inquire with our staff as this will differ case by case.

Office and Financial Policy Consent

By signing this document, I, _____, have fully read and understand the office and financial policy of Pediatric Associates of Lancaster, Inc. I hereby consent to allow Pediatric Associate of Lancaster, Inc. to contact me via: (check all that apply)

___ Home Phone: (_____) _____-

___ Work Phone: (_____) _____-

___ Cell Phone: (_____) _____-

___ Email: _____@_____

I understand and consent to Pediatric Associates of Lancaster, Inc. to use an automatic dialer to contact me and/or leave messages regarding the patient. I will cooperate with the billing department of Pediatric Associates of Lancaster, Inc. to ensure payment for my services. I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the patient. If the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for payment of all services rendered to that patient herein.

Printed name of patient/mother/guardian

_____/_____/_____
Month Day Year

Signature of patient/mother/guardian

Printed name of father/parent/guardian – if applicable

_____/_____/_____
Month Day Year

Signature of father/parent/guardian – if applicable