



## FINANCIAL POLICY

Thank you for choosing Pediatric Associates of Kingston (“PAK”) as your pediatrics and/or breastfeeding support services provider. We are committed to providing the best care possible. Understanding your financial responsibility is considered part of your medical management.

This Financial Policy is an agreement between the providers of PAK and the patient or his/her parent, guardian, or other responsible party if the patient is under eighteen years old. Your understanding of this Financial Policy is important to our professional relationship.

### INSURANCE

Payment for services is due at the time that services are rendered, except as outlined as follows. Insurance plans vary considerably, as we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient or his/her parent or guardian to provide PAK with **accurate** and **timely** insurance information. Inaccurate or untimely information given to Pediatric Associates that results in denial or non-coverage by your insurance company will result in the patient or the patient’s parent or guardian being responsible for payment in full.

### NON-EMERGENCY APPOINTMENTS

Preventive well visits, ADD/ADHD visits, and other non-emergency appointments may be rescheduled if your or your child’s account has an outstanding balance(s) or if a co-payment is not paid at time of service.

If you are experiencing financial difficulty, please let us know. Health insurance is a contract between you and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (*e.g.*, vaccine and doctor visit coverage and referral/authorization requirements for specialty care).

### BILLING

We accept cash, checks, MasterCard, AmEx, Visa, or Discover. Outstanding balances are due within 30 days, unless prior arrangements have been made with PAK's 'Billing Department'.

#### **A \$5 billing fee will be charged:**

If your co-payment is not paid at the time of service

If we do not participate with your insurance provider and payment is not made at the time of service

On balances that are more than 60 days past due

**A second \$5 fee will be charged on balances that are more than 90 days past due.** PAK will send a final request letter relating to these outstanding balances. Payment is due in full within 10 days from the date on the final request letter. If payment is not received in full, the account may be forwarded to a collection agency with an additional collection fee. If this happens, PAK will continue to see the pediatric patient for 30 days on an emergency basis only, to permit you time to find a new provider.

### **IF WE PARTICIPATE WITH YOUR INSURANCE**

All services performed in our office will be submitted as a courtesy to your insurance. All co-payments are due at time of service. Deductibles and coinsurance are your responsibility and will be billed to you by our office.

All insurance carriers have a fee schedule from which they will reimburse us. However, the doctor's fee may be higher than what the insurance company reimburses or the service provided by the doctor may not be a service covered by your insurance plan. Any balances not covered by insurance become the responsibility of the patient and/or his/her parent or legal guardian. Examples of services that could be subject to your deductible or coinsurance.

PAK and the NEPA Breastfeeding Center are not responsible for knowing your insurance plan's benefits and what services will or will not be covered.

### **IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE**

If we do not participate with your insurance company, we are unable to bill your insurance company and we cannot accept assignment from them for the services performed. In this case, we will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement. Not all services provided by PAK and/or the NEPA Breastfeeding Center are covered benefits under all insurance plans.

Payment for services is due at the time of service. A **\$5 billing fee** will be added to balances not paid at the time of service.

### **MISSED APPOINTMENTS/LATE CANCELLATIONS**

Missed appointments represent a cost to PAK/ NEPA Breastfeeding Center, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments.

For cancellations, 24 hours' notice prior to the appointment is requested. A **\$25 fee** will be charged for a **2nd** missed appointment. After a **3rd** missed appointment in a family within a 3 year period, Pediatric Associates will continue to see the family's pediatric patient(s) for 30 days on an emergency basis only, to permit you time to find a new provider as PAK and/or the NEPA Breastfeeding Center will terminate its professional relationship with the family.

### **RAINBOW AFTER HOURS MEDICAL ADVICE**

We offer after hours medical advice through a national Call Center. You can reach the after hours Call Center by calling 570-288-6543 after Pediatric Associates' regular business hours.

**A \$25 fee may apply to the use of this service.**

### **DIVORCED/ SEPERATED PARENTS**

A divorced decree is a legal document binding only on the two parties to it. PAK is not a party to or bound by the divorce decree, custody agreement, or other related agreement. The parent or guardian accompanying the pediatric patient at the time of service is responsible for payment in full at the time of service.

In case of a divorce, please do not put our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between the custodial and non-custodial parent. We realize that temporary financial problems may affect timely payment of your account. We encourage you to contact our billing department promptly for to make payment arrangements and obtain assistance in the management of your account.

### **FORMS AND FEES**

There is a **\$15 fee** for the review and completion of school/child care forms not provided at the time of a well child examination.

There is a **\$15 fee** for completion of Family Medical Leave forms. The patient or parent/guardian is required to fill out as much information on the Family Medical Leave form as possible (*e.g.*, reason, duration etc.).

There is a **\$20 fee** to transfer your and/or the pediatric patient's medical records from PAK/the NEPA Breastfeeding Center. Copies of immunizations and all visits, including well child visits and growth charts, are included in transferred medical records.

### **OR**

There is a **\$5 fee** is for a copy of the Patient History, which is a report that includes dates of visits, diagnoses, and immunizations received in our office.

### **RETURNED CHECKS**

A **\$25 fee** will be charged for all returned checks and your account will be placed on a "**cash-only basis**" If this happens, we will only accept payments by cash or credit card until the balance is cleared.

### **WELLNESS SERVICE BILLING PROCEDURES**

I acknowledge that during my wellness visit, there may be a problem-oriented service performed by Pediatric Associates physician in addition to the wellness services. In this case, I understand that two separate charges may be submitted to my insurance and that when applicable, a copay/deductible/co insurance may be required for charges generated pertaining to problem-oriented services. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my copay /deductible would still apply

