Northwest Pediatrics
Financial Policy

Patient:________________________________ **DOB:**____________ **Acct#:**_____________

Parents are required to pay for their child's health care at the time services are provided. We will be happy to provide you with an estimate of the cost for specific services prior to your appointment. We accept cash, checks, MasterCard, Visa, and Discover credit and debit cards.

It is your responsibility to bring your most up to date insurance card with you to each office visit. At each visit you will be asked to present your insurance card and pay the applicable co-payment. If your insurance carrier or plan has changed since the previous visit, please obtain the expiration date of the old policy and the effective date for the new policy prior to your appointment. If this information is not provided, you will be expected to pay at the time of the service or reschedule your appointment.

Managed Care Policyholders

Co-payment and deductible amounts are due at the time services are provided. If your managed care contract does not cover well-child visits or you do not have an active valid insurance card, payment is expected at the time of service. Please check with your plan to verify that we are a participating provider. Some charges may not be covered and, therefore, are your responsibility.

Non-Contracted Managed Care

The physician is not contractually obligated to accept the amount paid by your insurance company as "payment in full" for the services provided. It is your responsibility to pay any estimated difference at the time of service. Often services are applied to deductibles and the parent remains responsible.

Referrals

Some insurance companies require a written or telephone referral if your child has been referred to a specialist. It is your responsibility to call your insurance member services department to determine if a referral is necessary and who the participating providers are. If a referral is required, please let us know and we will arrange it for you.

Primary Care Physician

You must notify your insurance company that Northwest Pediatrics, Inc. is your child's primary care physician. If notification is not completed within the first 30 days of care, we will no longer be able to act as your child's primary care physician.

Lab/X-ray Procedures

We use Columbus Children's Hospital as our lab/x-ray facility. If your insurance policy does not include Columbus Children's Hospital as a preferred provider, please obtain the name of the alternative facility and inform the physician in advance. If we do not obtain the alternative facility information and lab/x-ray procedures are not covered, we cannot be responsible for payment.

Return Check Fee

There will be an additional fee charged in the amount of $30.00 for all returned checks.

Medical Record Transfer/Copying Fees

When a medical record transfer is requested for any reason, there will be a charge for the records transfer. The charge is the allowable amount per guidelines set by the State of Ohio. If you have questions regarding the fees, please contact our medical records department.

Co-pay Policy

Co-pays are set by your insurance company and are considered a contract between you, your insurance company and employer. Per the contract you have with your insurance company, co-pays must be paid before the time of service. If co-payment is not made and treatment is rendered, an additional $20.00 processing fee will be charged to you. The processing fee is not billable to your insurance company and will be your responsibility. All co-pays and past due balances are due prior to service or your appointment will be rescheduled unless previous arrangements have been made.

Patient Balances Over Thirty Days Old

Patient balances that are over thirty days old will be subject to 1.5% interest rate each 30 day cycle.

Broken Appointment Policy

A "no show" charge of $25.00 will be charged when there is failure to provide 24 hour cancellation notice or failure to arrive for a same day scheduled appointment regardless of the type of insurance. This charge is not covered by insurance and you will be responsible for payment. Three "no show" appointments without 24 hour notice will result in the dismissal from our practice.

Collection

With the soaring cost of practicing medicine, we can't afford to wait 3 months or longer for payment. Charges 90 days and over will be subject to collections. We will exhaust every effort prior to seeking outside help. If you have an outstanding balance, please contact our billing office. Sending your account to the collection agency is the last thing we want to do. If we send your account to an outside collection agency, we will then ask you to find medical care elsewhere. You will be notified by certified mail, that at the end of 30 days, we will no longer be your child's healthcare provider.

Covered/Non-Covered Services

Northwest Pediatrics Inc. is not responsible for knowing your insurance policy coverage. You must contact your insurance company to determine what your policy will cover.

I understand the billing staff of Northwest Pediatrics, Inc. will file all claims for covered services with my insurance company if the physician is a contracted provider.

I acknowledge that I am responsible for any balances that may be due to the physician as a result of:

_Co-insurance or co-payments
_Non-covered services
_Terminated coverage
_No insurance coverage
_Failure to list our physician as primary care physician.
_Annual deductible amounts
_Out-of-network charges
_Exhausted benefits
_Failure to respond to insurance inquiries
_Failure to notify us in advance that Children's lab/x-ray facility is not a preferred provider

I understand that I will receive a statement for any balance due after the claim has been processed by my insurance company. I understand and agree that the balance of my statement will be paid in full to the physician within 30 days or be subject to 1.5% interest rate each thirty day cycle.

Signature of Responsible Party: ____

Date: ___________________________