



## HEALTHY KIDS R US

### PRACTICE FINANCIAL POLICY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- Co-payments for office services are required at the time you register.
- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- For services that are covered by insurance, the practice requires payment of approximately 20% of the total estimated charges or the co-payment specified by your insurance.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out.
- Returned checks are subject to a handling fee of \$20.00. In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- Late fees, Interest and Collection Fee. The office reserves the right to charge interest as provided by state law in the amount of 1.5% monthly (18% annually) on past due accounts. A late fee of \$25 will be applied to accounts past 60 days from date of service after insurance has adjusted the claim..
- Missed appointments. Missed appointments occupy valuable staff resources and prevent others from scheduling much needed appointments. A \$35 fee will be charged for all no show appointment or those cancelled in less than 24 hrs prior to appointment time.
- Nurse fee. Procedures performed by a nurse, not requiring a physician encounter visit, will be charged a nurse fee in addition to the procedure performed. Insurance co-pays will apply at the visit.

You must realize that:

1. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary, and, in some instances, you will be responsible for these amounts. We will make every effort to ascertain your coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.



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. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

**PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING**

Signature: \_\_\_\_\_  
(Patient and/or Responsible Party)

Date: \_\_\_\_\_

## **Additional Policies**

### **Insurance / Provider Change Policy**

Most insurance plans, specifically HMO and POS, require policy holders/insured members/patients to call your insurance carrier prior to your appointment in order to change your primary care provider (PCP). Failure to contact your insurance company prior to your appointment will result in you being responsible for full payment for services rendered versus having your insurance company cover the charges. Therefore, we strongly urge you to contact your insurance company in advance to notify them of your decision to change providers.

### **Smart Phones / Cell Phones / Audio & Video Recording Policy**

Our office respectfully requests that you do not use your smartphone/cell phone/electronic devices in our office during child's appointment. This is for the safety and privacy considerations of all our parents and patients. If for some reason you need to accept a phone call, we ask that you step outside the office to continue your conversation in private and minimize disruption. Also, due to HIPAA privacy laws and concerns, audio or video recording are not allowed for any reason.

### **Disruption Policy**

Our practice has a zero-tolerance policy against aggressive behavior, unreasonable expectations, bullying, profanity, lying, and verbal abuse towards our staff from our patients and their family members. Any display of this behavior will be subject to being terminated as a patient from this office.