# Financial Policy

**South River Pediatrics** is committed to providing you with the highest quality care in a cost effective manner. Therefore, we believe that it is essential to our patients and their parents that we outline our financial aspects of your visit with our practice. We have developed these policies based on industry standards and through careful consideration. Our professional fees are based on reasonable and customary within our region. These policies are presented in order for you to understand how we interact with you, your insurance company, and some of the constraints we must follow due to contractual and/or legal requirements. If you have any questions or concerns regarding your bill please call our Billing Department at 410-956-2856.

**INSURANCE**

We are contracted with most insurances companies and will bill your insurance company for services provided. Please check with our staff to confirm our participation with your insurance plan. Please bring your insurance card with you to each and every office visit. Our receptionist will ask to see your insurance card every time you check in for a visit. If your child is accompanied to their appointment by someone other than the parent, please arrange for the insurance card to be presented as well. The most recent insurance card must be presented at each visit to verify the information on file is correct.

**CO-PAYMENTS, CO-INSURANCE, DEDUCTIBLES**

A ***co-payment*** is a set dollar amount that you owe at the time of each visit. Per our contract with your insurance company, co-pays must be collected at the time of service, including most "nurse only visits". If you are unable to pay your co-payment at the time of service, we will charge an additional $10.00 to cover our cost of billing you for the co-pay.
A ***co-insurance*** is an amount required by some insurance carriers that is above the deductible and co-pay amounts. This amount is determined by your insurance plan and will be determined after our office has submitted a claim on your behalf for payment.
A ***deductible*** is a set amount that is owed before the insurance begins paying towards the patient's services. We will bill you for any ***co-insurance*** or ***deductible*** amounts as identified by your insurance company.
Any balance that you may have incurred from prior dates of service is expected to be paid within 20 days of the billing date and you may be asked to pay your balance at the time of your next visit.

**NEWBORN ENROLLMENT**

It is extremely important that you notify your insurance company immediately following the birth of your child to initiate the process of enrollment. Most insurance companies allow 30 days from the date of your child's birth to send in the necessary paperwork for enrollment. If our office is unable to verify insurance coverage with your insurance company, claims filed on your behalf may be denied and you may be financially responsible. Once you have obtained the new insurance information from the insurance company, please notify our Billing Department at **410-956-2856** so that we may retroactively submit your claims for processing.

**UNINSURED PATIENTS**

If a patient has no insurance, insurance that we are not contracted with, or has experienced a lapse in coverage at the time of service, we are still committed to his or her care and well-being. Our practice offers a discount to self pay patients on a sliding fee schedule. This is a discount on what we normally charge for an office visit. To benefit from the discount, **payment must be paid in full at the time of service.** If there is a lapse in coverage or we are not a participating provider, we are happy to provide you with a detailed billing summary for submission to your insurance company.

**BEFORE AND AFTER-HOUR CARE**

In accordance with national billing guidelines, there is an additional charge for appointments provided outside of our regular business hours. Before and After Hour services that are provided by your provider consist of but not limited to **Walk-In Hours 8:00am-9:00am** in all of our offices on designated days, **Saturdays, Federal Holidays** when our offices are open, and **Evening** hours from **5:00pm-6:00pm.** This charge will be billed to your insurance company, however; not all insurance companies cover this fee. In the event that your insurance company does not cover this charge, it will become your responsibility to cover this portion of your bill. We recommend that you contact your insurance company prior to the visit to see if this is a covered service.

**ACCOUNT BALANCES/PAYMENT PLANS**

Our Billing Department will be happy to assist you with any previous balances owed to our practice. We can offer a payment plan if you are unable to pay your balance in full. To initiate a payment plan with our office, a minimum payment of $50.00 or 20% of the outstanding balance (which-ever is greater) is required and a monthly payment must be paid on the remaining balance. If you do not meet your financial agreement, and you refuse to pay your balance, we reserve the right to dismiss the patient from the practice and your account will be forwarded to an outside collection agency.

**COLLECTIONS**

We understand that at times there are extenuating circumstances that may limit your ability to pay off any outstanding balance. Patients who have not established a payment plan with our Billing Department will be referred to an outside collection agency for balances that are over 60 days past due. These accounts will be subject to a collection fee of 33% which will be added to the total balance due. In the event your account is referred to an outside collection agency, you are subject to be discharged from the practice.

**METHODS OF PAYMENT**

For your convenience, you can make payments on line at www.southriverpediatrics.com or you may call our Billing Department at **410-956-2856**, Monday through Friday from 8am-4pm and someone will be available to assist you with your payment. We accept Cash, Personal Checks, Money Order, Visa, MasterCard, Discover, and American Express. There is a $35 fee for all returned checks. In the event of two returned checks, we will only accept Cash or Credit Card as a form of payment.

**I am aware that I am responsible for my bills in the event the insurance company denies any claims.** I have read and understand the office policies and procedures and agree to adhere to the specific guidelines outlined above. I am aware that if I do not comply with above stated guidelines South River Pediatrics reserves the right to terminate care.

**Parent/Legal Guardian Name: _____**

**Signature _____**

**Patient Name: _____**

**Today's Date: _____**

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