

South River Pediatrics Financial Policy

Welcome and thank you for choosing South River Pediatrics! Throughout our many years in the area, we have remained committed to providing top-quality care and compassion. It is our goal to assist you in any way possible and that applies to financial as well as medical issues. It is important that you read and understand our financial policies so we can better serve your needs. These policies constitute an agreement between you and South River Pediatrics. Please read through our financial policies and initial at the end of each section.

I. **Appointments**

Our Office Hours are:

Edgewater

Mon. and Thurs: 8am-6pm
Tues, Wed, and Fri: 8am-5pm
Sat: 8am-12pm

Kent Island

Mon-Thurs: 9am-5pm
Fri: 8am-5pm
No Saturday Hours

Our phone lines are open one hour prior to office hours for scheduling appointments, except on Saturdays

a. *Items Required at **Each** Appointment*

- Health Insurance Card
- Drivers License
- Method of Payment

b. *Appointments*

- Please arrive for your appointment 15 minutes early
- If you are more than 15 minutes late to an appointment, we cannot guarantee you will be seen and you may have to reschedule your appointment
- When you arrive for your appointment, please notify our receptionist of any demographic changes (phone number, address) and any insurance changes. Failure to notify us immediately of changes in your insurance coverage may result in you being responsible for any services not covered by your insurance carrier.

c. *Missed or Cancelled Appointments*

- If you miss an appointment or are substantially late, your visit will be marked as a *No Show* and you will be charged a fee for the missed appointment: \$25 for a missed 15-minute appointment and \$40 for a missed 30-minute appointment

Initial _____

II. **Payment**

a. *Payment of Services*

- Co-pays, Co-Insurance amounts, deductibles, and all non-covered charges are the insured/patient's financial responsibility and are due

during the check-in process. Failure to pay co-pay at the time of the appointment will result in a \$10.00 fee assessed on your account.

- Any resulting balances from non-covered charges are due within 30 days of the time of service
- If you receive more than one type of service on the same day, you may be responsible for more than one co-pay
- As a courtesy to our patients, we gladly accept cash, check, money order, Visa, MasterCard, Discover, and American Express



b. *Collections and Balances*

- Any outstanding balances not paid within 30 days of the date of service may incur a \$5.00 monthly statement processing
- Any outstanding balance after 60 days may be referred to an outside collection agency. These accounts may be subject to a collection fee of 30-40% which will be added to the total balance due at the time payment.
- Patients with continually delinquent accounts or those which have been sent to collections may be subject to discharge from South River Pediatrics.

c. *Refunds*

- Refunds will be issued only to the appropriate party
- Refunds will not be processed until all active or past due charges are paid in full
- Written requests must be submitted for all refunds
- Refunds will be mailed within 7 business days

d. *Self Pay Patients*

- Payment is due in full for any services rendered unless prior arrangements have been made.

e. *Payment Plans*

- Patients with substantial balances are encouraged to contact our billing department regarding payment plans
- When mailing your payment, please allow 5 business days for each payment to be received.

- Please mail payments to:
South River Pediatrics
224 Mayo Road
Edgewater, MD 21037

Phone:
(410) 956-6302
(410) 956-6303

f. *Lab/Hospital Charges*

- Any service provided by a lab or hospital is a contract between you and that provider. Any dispute with external providers should be handled directly with that party and is not the responsibility of South River Pediatrics.
- It is your responsibility to know which procedures your insurance will cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

g. Advanced Beneficiary Notice (ABN) Waiver

- Some specialized services (sports physicals, etc.) have a history of being denied by insurance companies. That is why for certain visits we require patients to fill out an ABN waiver that states if your insurance does not cover the service, you will be financially responsible. Failure to fill out this form may result in your appointment being cancelled or rescheduled.

Initial _____

III. Insurance Coverage

- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled directly with your carrier.
- While South River Pediatrics is contracted with multiple insurers, your carrier may not be included in our contracts. It is your responsibility to know whether your insurance will cover visits to South River Pediatrics.
- Any patients with insurance coverage outside of our network of carriers will be considered a *self pay* patient.
- Additionally, any patient who fails to present their insurance card at their appointment will be considered a self-pay patient as well. (Reimbursement will be provided once coverage is confirmed)
- 48 hours notice is required to verify insurance benefits
- We are required to file with your primary insurance carrier only. It is your responsibility to file charges with any secondary insurance carriers for reimbursement.

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IV. Medicaid Patients

- Please make sure you have a full understanding of your benefits and what your responsibility might be if you are not covered by your insurance plan

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V. Paperwork

a. *Release of Records*

- We will gladly copy any medical records for our patients after they have filled out a record release form
- This form can be obtained from our front desk staff or it can be downloaded online at our website: <http://www.southernriverpediatrics.com>
- We charge for copying medical records by the page and will not copy or release them until payment has been received in full.

b. *Additional Forms*

- Any additional paperwork that needs to be filled out by a physician will cost an additional \$10.00
- If you are bringing extra paperwork to your appointment, please notify our staff at least 48 hours in advance so we can account for the extra time it will take to fill it out.

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VI. Minors

- The parent/guardian accompanying a minor will be responsible for providing current insurance information as well as any payments for services rendered.
- In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the patient, unless otherwise documented.
- If someone other than the parent or guardian brings a minor into the office for a visit, we require written consent from the parent/guardian. Additionally, the person bringing in the minor must be over the age of 18 and bring with them a photo ID. Failure to show the proper documentation will result in the appointment being cancelled or rescheduled.

Initial _____

VII. Separated/Divorced Families

- For those families whose parents are separated or divorced, the parent authorizing treatment and bringing in the child is responsible for payment. All payments are due when services are being rendered.
- In the case of contracted insurance only, co-pay is due at the time of service. Subsequently, all charges deemed patient responsibility by the insurance carrier are due to South River Pediatrics by the parent who authorized the service.
- If the conditions of the divorce requires one parent to pay most or all of the treatment costs, it is the authorizing parent's responsibility to collect

from the other parent. South River Pediatrics **will not** act as a mediator in collecting payments.

- If the account is not resolved in a timely manner, the responsible parent's information will be submitted to our collection agency.
- Non-compliance with this policy may result in discharge from this practice.

Initial _____

VIII. Auto Accidents

- Motor vehicle accidents (MVA) charges must be paid in full at the time of service. A receipt will be issued for you to submit to your auto insurance carrier. When and if we receive payment from your auto insurance we will provide you with a refund.

Initial _____

Parent Consent Form

By signing this document, I, _____, have fully read and understand the financial policy of South River Pediatrics. I hereby consent to allow South River Pediatrics to reach me via:

Home phone:
Cell phone:
Work phone:
Email:

I understand and consent to South River Pediatrics to contact me with the above information provided. I will cooperate with the billing department of South River Pediatrics to ensure payment for my services. I understand that I will be responsible for any costs associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy maybe amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and /or legal guardian of said patient and agree that I am responsible for payment for all services herein.

Printed name of patient

Printed name of parent/guardian

_____/_____/_____
Month Day Year

Signature of parent/guardian

_____/_____/_____
Month Day Year

Please return signed documents to the front desk. A copy will be available for you if requested.

I agree to notify *SOUTH RIVER PEDIATRICS, LLC* of any changes in my billing address, telephone number and/or my insurance information. This entire authorization is valid for all episodes of care rendered by any provided associate with *SOUTH RIVER PEDIATRICS, LLC*. A copy of this authorization/agreement may be used in place of the original.

YEAR	SIGNATURE	DATE
<i>2011</i>		
<i>2012</i>		
<i>2013</i>		
<i>2014</i>		
<i>2015</i>		
<i>2016</i>		
<i>2017</i>		
<i>2018</i>		
<i>2019</i>		
<i>2020</i>		