

Sewanee Pediatrics and Adolescent Medicine

Financial Policy Agreement

We are delighted that you have chosen Sewanee Pediatrics and Adolescent Medicine as your child's medical home. We are providing you with the following information to help you understand our insurance and billing policies.

Your Responsibilities:

- **You must show your current insurance card at every visit.** If your child is covered by **more than one health insurance policy**, you must provide the information for both and be sure to know which one is considered primary. We must submit claims to the appropriate carrier(s) in the correct order. Incorrect insurance information will cause a delay or denial of payment from your insurance company and then the bill will be your responsibility. We will attempt to validate your insurance benefits at the time of service and alert you to any problems. If we cannot validate your coverage, we will require full payment on the day of service.
- **You must pay your copayment on the day of service.** If you allow someone else to bring your child, they will be responsible for paying the copay at the time of service. Our contracts with insurance companies require us to collect any copay at the time of service. We accept cash, credit cards (Visa or Mastercard), debit cards, and checks as forms of payment. If a personal check is returned unpaid from your bank, your account will be charged a **returned check fee of \$20** and your account may be placed on a "cash only" basis for one year. There is an additional **\$10 service fee on late copays**.
- If your insurance plan is subject to **deductibles and co-insurance**, we require you to keep a credit card on file. When your insurance carrier assigns the appropriate amount to patient responsibility, we will charge this amount to your credit card. If your credit card expires or becomes inactive, we expect you to promptly provide a new means of payment.
- If you must **cancel an appointment**, we require at least **24 hours notice** prior to your scheduled start time. Otherwise, you will be assessed a **missed appointment fee of \$20**. If you miss three appointments without prior notice, you could be dismissed from our practice.
- **Know your insurance benefits.** Your insurance policy is a **contract between you and your insurance company**, even if you receive insurance through your employer. There are many subtle differences in insurance policies, and employers frequently change coverage and copayments. You are responsible for knowing what services are covered (and how often, in the case of well visits) and how much of the cost is your responsibility. If additional issues are addressed at a well child exam that are beyond the usual scope of a well child exam (such as treatment for an unexpected finding or referral to a specialist) your insurance will charge a copay and/or add the service to your deductible or coinsurance. You are responsible for any **services not covered by your insurance**. Additionally, you need to be aware of where your insurance company requires you to go for laboratory or radiologic procedures, so you are seen at the appropriate facility.
- If your insurance plan requires you to **choose a primary care provider**, you will need to call your insurance company and choose a provider at Sewanee Pediatrics, or we can assist you with the necessary process to change your provider to Sewanee Pediatrics on or before the date of service. In accordance with requirements of the insurance companies, we cannot schedule any appointments until we are your primary care provider.
- If you have a **newborn or a newly adopted child**, congratulations! Your child is covered during the first 30 days by the mother's policy, regardless of which parent will provide ongoing insurance coverage. You need to contact your insurance company as soon as possible to add your new child to your policy. This coverage must be in place before the 30 day coverage expires. **You must have your child added to your policy by the one month well visit** and you should have an insurance card to present at that visit. If you have not received an insurance card, contact your insurance company prior to the visit to verify coverage and get an active insurance ID number. If you do not have active coverage, your appointment may need to be rescheduled/delayed **or you may be personally responsible for the bill**.

- If your child is seen in our office for concerns related to a **Motor Vehicle Accident**, this does not get processed through your health insurance. Instead, you will be responsible for the bill and we will provide you with any receipts and copies of office visits that you need to send to the motor vehicle insurance company.
- **Carefully read all Explanation of Benefits (EOB)** statements that you receive from your insurance company. We receive the same statements and we will bill you directly for any charges that your insurance carrier designates as “patient responsibility.” If you have a credit card on file, we will send this through your credit card. Occasionally, insurance companies require members to update Coordination of Benefits. If this is not completed within 30 days of the notice, you may be personally responsible for the bill, and we will not be able to schedule further appointments until this is completed. You can update your benefits by calling the member phone number on the back of your insurance card.

Our Collection Procedures:

- If your account is **self-pay**, all services must be paid for at the time of your visit. This may include situations when we cannot validate active coverage with your insurance carrier. If this occurs, we will collect payment on the day of service and refund any amount to you that is later collected from your insurance carrier.
- If you have valid coverage with a **participating insurance carrier**, as a courtesy, we will submit claims within five business days after each visit. If there are any problems with the claim, we will notify you immediately and request your prompt assistance with any conditions under your control that are causing a delay in processing. If your insurance carrier does not respond within 30 days, we will submit a second claim. If your insurance company does not respond within 60 days from the date of service, we will send you a statement, and you will be responsible for payment. You will need to contact your insurance company if you think that it is responsible for payment. Payment is due from you or your insurance company within 30 days from the date of your statement.
- If your insurance company requires **deductibles or coinsurance** that cannot be collected on the date of service, we will charge your credit card on file the amount listed as patient responsibility on the EOB from your insurance company. We will only charge your credit card without prior notice if, in our opinion, the claim was properly handled by the insurance company. If the claim is denied, and in our opinion it should have been paid, we will contact you to resolve the situation before sending you a statement or charging your credit card on file.
- If you are covered by a **non-participating insurance carrier**, payment is due at the time of service and it is your responsibility to submit claims to your insurance company to reimburse you directly. We will provide you with all necessary documents to assist you with this process.
- **All statements are due on receipt.** If charges remain unpaid after 30 days, a second statement will be sent requesting immediate payment. If charges remain unpaid after 60 days, a final statement will be sent with a notice that you will be dismissed from the practice unless all charges are paid within 30 days. During this 30 days, we will only provide urgent or emergent care and require payment with cash at the time of service.
- We reserve the right to place your account with our **collection agency** after all internal efforts to obtain payment have been exhausted. You are then responsible for any collection costs in addition to your outstanding bill. If your account is currently in collections, we reserve the right to provide care only if payment is received at the time of service.

Patient Name _____

Responsible Party Signature _____

Date _____

Copy provided _____