



FINANCIAL AND INSURANCE POLICY

✓ Co-Pay's

It is our Policy to collect your insurance co-pay at check-in, on every visit.

Co-Pay is due regardless of who brings the child in for the services. Grandparents, Aunt, Babysitter etc., will be expected to bring in payment for your co-pay. If you are reachable by phone, we can take your credit card information over the phone and send the receipt home with your child's caregiver.

✓ Deductible/HSA

If you have a deductible / co-insurance plan, we require a payment of \$75 at the time of the visit on all visits excluding well visits.

✓ Combined Visits

If you are scheduled for a Well Child Visit, and other health concerns are brought up that would typically require a sick visit, your insurance may consider these two separate visits and bill your copay and other charges accordingly.

✓ Billing

As a courtesy, Northwest Hills Pediatrics bills your health insurance carrier on your behalf, with the following guidelines/exceptions:

INSURANCE CARD: It is critical that the most current insurance card is brought to **EVERY** appointment. We must have the correct information at the time of service. If you do not have this information you will be considered self-pay. You must report ALL insurance coverage. Failure to do so is considered insurance fraud. This will also result in full responsibility for the bill on your part.

We will bill your insurance company. We will send your insurance company the original claim soon after your visit. We will be happy to follow up if payment is not received within 45-60 days. If it becomes necessary to continue follow up we will at that point turn the bill over to you to continue pursuing payment from your insurance company. At this point, the bill will become patient responsibility until we hear from you.

AUTO INSURANCE: We do NOT bill auto insurance for visits and medical care related to auto accidents. Payment will be required at the time of service, and we will provide you with paperwork needed for you to submit to the auto insurance carrier for reimbursement.

STATEMENTS: Failure to receive your statement **DOES NOT** relieve you of your financial obligations. It is your responsibility to notify us of any changes in your billing and/or contact information.

NEWBORNS: Proof of application will be expected by the 30 day mark of those still not added to the insurance. Most commercial insurance companies allow only 30 days to add your newborn to your plan. Please do this ASAP. If your insurance requires you to choose a primary care provider, you **MUST** contact your carrier and select our provider.

SELF PAY: Self pay patients are required to make an advance payment on their sick visit charge. If we do any additional testing, there will be additional charges that we will bill you for. If we have to send any LABS, the LAB will bill you directly for those services. Well Child Visits have to be paid in full at the time of service



ADMINISTRATIVE FEES:

Northwest Hills Pediatrics charges various fees for the following items:

Copies of Medical Records - \$25

Completions of additional sports physical forms (free during Well Child Visit) - \$5

Completion of FMLA paperwork - office visits

Returned Check (of insufficient funds) - \$20 applied to account

“No Show” Fees: If you miss or cancel your appointment without at least 24 hours notice, you may be charged the following:

Well Child Visit \$50.00

Well Child Visit Teen/New Visits \$75.00

Behavioral Visit \$75.00

You must cancel “Sick Visit” you cannot keep at least two hours prior to your scheduled time or you will be assessed \$20 missed appointment fee

Please be advised that chronic no-shows (3 or more) may result in a dismissal from the practice

BALANCES: In order to improve our office efficiency and ensure that we can financially sustain ourselves while provide services our patients are accustomed to, the following are our policies regarding outstanding balances. We send out statements monthly. If the account gets more than 120 days past due, you will receive a phone call from our billing department to make a payment or set up a payment plan. Your account will be flagged and no appointments will be able to be booked until balance is paid or payment plan is set up.



I hereby authorize payment directly to the provider from my insurance carrier.

I hereby authorize the provider to release any information acquired in the course of my treatment necessary to process insurance claims.

I have read and understand the above stated policies. All questions have been answered by the staff at Northwest Hills Pediatrics prior to signing this agreement. (Please list multiple children below if applicable)

Patient Name

DOB

Patient Name

DOB

Patient Name

DOB

Patient Name

DOB

Patient Name

DOB

Parent/Guardian Signature (unless 18 years or older)

DATE