IDEAL PEDIATRIC & ADOLESCENT CARE

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TEL: 570-551-0300

PAYMENT POLICIES

Thank you for choosing Ideal Pediatric and Adolescent Care, P.C. for your child's medical care. We are providing you the following information to help you understand our insurance and billing policies. We are committed to the care of your children and the practice expects that families are committed to paying for the exceptional care we provide.

Every time you visit our office there will be a charge for the appointment. This includes well visits, sick visits and recheck appointments. In addition, our office charges for Telehealth appointments, portal messages, telephone calls including those after hours. Insurance companies do not cover all cost associated with the these office visit and receiving bills from our office will be inevitable. These bills need to be paid in a timely manner.

If you receive a bill it means the claim was processed by the insurance company and the remaining portion is your responsibility.

We charge for All services we provided including, but not limited to, well visits, sick visits, procedures, viral and strep testing, labs, immunizations, tele-health, physical forms, daycare forms, hearing and vision test, developmental screenings, missed appointments, portal messages and phone calls including after hour calls.

We charge if your child is seen on a Federal Holiday. That charge is billed to your insurance and if denied it becomes your responsibility. It is your responsibility to avoid scheduling on these holidays if you do not want to incur this extra charge.

If your child is sick at a well visit both will be billed to your insurance and therefore the well visit will have a copayment or coinsurance as your responsibility.

Please pay your bill when it arrives in the mail.

YOUR RESPONSIBILITIES

BRING YOUR CURRENT INSURANCE CARD TO EVERY VISIT
We will attempt to validate your insurance benefits at the time of service and alert you to any problems. If we cannot validate your insurance and you did not bring your card we will assign you to self-pay status and payment will be due at the end of the visit.

YOU MUST PAY YOUR CO-PAYMENT AT THE TIME OF THE OFFICE VISIT
Our contracts with insurance companies require us to collect your co-payment at the time of service. We accept cash, credit cards (MasterCard, Visa, American Express and Discover), and checks as forms of payment. In the **event a personal check is returned unpaid** from your bank, your account will be charged a **$25 fee.**

PROVIDE US WITH A CREDIT CARD TO BE KEPT ON FILE
Most insurance companies are subject to routine deductibles and co-insurance, thus we require a credit card on file so we can collect those charges as soon as insurance company assigns the appropriate amount of the patient responsibility. Your credit card will only be charged after the insurance company determines your patient responsibility as spelled out in your Explanation of Benefits. Our office will run a report on the 15th of every month and you will receive notification on the day prior to being charged.

YOU MUST CANCEL AN APPOINTMENT FOR AN OFFICE VISIT AT LEAST 24 HOURS PRIOR TO THE APPOINTMENT/MISSED APPOINTMENT FEE
If you do not cancel or miss the appointment a **$50 missed appointment fee** will be added to your account.
YOU MUST KNOW YOUR INSURANCE BENEFITS
Your insurance policy is a contract between you and your insurance company even if your employer provides the policy. You are responsible to know the coverage and know how much of the cost is your responsibility. You will be responsible for any part of the visit cost that your insurance does not cover including deductibles and co-payments.

You **Must** be aware of which Lab/X-ray facility your insurance company requires you to use in the event that labs or radiology tests are needed. If you do not go to the proper lab or X-ray facility you may receive a bill from that lab or X-ray facility. This is beyond our control so to avoid cost know this information before your visit.

It is your responsibility to notify us regarding lab or X-Ray facility preference otherwise we send to the lab locally.

YOU MUST CONTACT THE INSURANCE COMPANY AND SELECT OUR OFFICE as your PRIMARY CARE PROVIDER AS SOON AS YOUR MEDICAL RECORDS ARE TRANSFERRED
If our office and providers are not listed on your insurance card we cannot bill for the visit and the account will be assigned to Self Pay. The visit charge then becomes your responsibility and will be collected on the day of service.

We cannot schedule an appointment until we have notification that you have been added to our patient panel. If you did not list us at the primary care provider and arrive for an appointment you will be responsible to pay for the visit at the time of service.

YOU MUST NOTIFY YOUR INSURANCE COMPANY OF YOUR NEWBORN OR NEWLY ADOPTED CHILD
Your child will be covered for 30 days under the mother's insurance policy. The fist appointment is covered but you must call your insurance company to have your child added to the policy. You must have your child added by the 1 month appointment so call the insurance company immediately and prior to the 1 month appointment to be certain you have the new insurance card. If not, you will be responsible to pay the bill at the time of the visit. If your newborn is not added by the 1 month appointment the visit will be self pay and payment required at the time of the visit.

YOU MUST KNOW YOUR INSURANCE COMPANIES POLICY REGARDING PHONE CALLS, PORTAL MESSAGES AND TELE HEALTH

Our office will bill the insurance company for phone calls and portal messages placed to the office during regular business hours. This applies to phone calls and portal messages when medical advise is given by our nursing staff or the providers. If your insurance company does not cover this service a maximum charge of **15.00** will become patient responsibility.

Telehealth visits with the provider not covered will be billed and become patient responsibility with a maximum charge of **$75.00.**

AFTER HOURS PHONE CALLS to the OUR NURSE TRIAGE SERVICE are **NOT** covered by health insurance and are costly to the practice. We can no longer incur this expense as a courtesy.

GIVEN THE RISING COST, A CHARGE OF **$15.00** WILL BE ADDED TO THE ACCOUNT FOR **ALL** AFTER HOURS CALLS

REQUEST DAYCARE, SPORTS, SCHOOL AND CAMP FORMS AT THE TIME OF THE VISIT

We are happy to complete forms at the time of the visit for free and keep universal forms on file. If you do not bring or request a form at the time of the appointment there will be a $25 dollar form fee applied to the account.

OUR COLLECTION POLICY

IF YOUR ACCOUNT IS SELF-PAY, all services must be paid at the time of your visit. This may include situations where we cannot validate your insurance coverage with your insurance carrier. In such cases, we will collect payment at the time of service and refund any amount that is collected once you provide proof of insurance.

If you are insured by a non participating insurance carrier, we will expect payment from you at the time of service and it is your responsibility to submit any claims to your insurance company for direct reimbursement.

We do not send bills to self pay families and the charge will be collected at the time of the visit.

All statements are due upon receipt. If charges remain unpaid after 30 days, a second statement will be sent with a notice requesting immediate payment. If the statement remains unpaid after 60 days you will be notified and your credit card on file will be charged. If a credit card is not available and the account remains unpaid after 60 days, we may need to send a letter informing you that our relationship is subject to cancellation after 30 days of urgent or emergent care.

We reserve the right to place your account with our collection agency after all internal efforts to obtain payment have been exhausted.

We understand special circumstances can prevent timely payment and our billing specialist will work with families in need to arrange a payment plan if necessary.

I have read and understand the policy and agree to them as written:

Signature: _____ Date: _____

Name: _____

Relationship to Patient: _____

REVISED 2/2024

These policies do not apply to Medicaid patents