

# **AUGUSTA PEDIATRIC ASSOCIATES, P.C.**

## **Patient Financial Policy**

Welcome to Augusta Pediatric Associates! We're glad you've chosen us as your child's pediatrician, and we will strive to give your children the best in medical care. We understand that in addition to feeling comfortable with your child's physician, many parents have concerns about the financial policies of the practice. Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

We accept cash, checks, Visa, Mastercard, and Discover.

## **INSURANCE/BILLING**

For your convenience, our office will file insurance claims on your behalf. However, your insurance policy is a contract between you and your insurance company. You will need to bring your insurance card **each time** you visit our office. It is your responsibility to ensure that our providers actively participate with your insurance carrier. Be aware of your benefit coverage prior to receiving any services. **Co-pays must be paid the day of the visit.**

Prior to coming to your appointment for routine care (well child check-ups), be sure you know if your insurance includes well child benefits. Not all plans cover well child check-ups. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of the visit. You will also need to know if your insurance covers vaccines. This information is needed at the time of your well child visit. If your insurance does not cover vaccines, you may be eligible for the **Vaccines For Children (VFC)** program. This program provides the same vaccines at a reduced rate. Payment for vaccines provided under the VFC Program is due at the time of the visit.

In order for our doctors to refer you to an in-network provider, you need to know your insurance preferred lab, x-ray provider and hospital should your child require such services.

If we are your primary care physician, your insurance company will need to be notified of this. If your insurance company does not have this information on file at the time of your visit, you will be financially responsible for the visit.

If you do not have your child's insurance information at each visit, you will be asked to sign a waiver and make payment at the time of service.

If you have no insurance coverage, payment will be due at the time of the visit. If your child is sick and you are unable to pay in full at your visit, please contact our office in advance to make payment arrangements. Well child visits can be scheduled for a future

date.

If you have a High Deductible Health Plan and your deductible has not been met, you will be expected to pay the lesser of the fee for your child's visit or \$75 at the time of the visit. We will require a copy of the health savings account debit/credit card or personal credit card remain on file for anyone with a high deductible health plan.

We do not submit to secondary insurance plans. We will be happy to provide you with a receipt to submit for reimbursement. You will receive a check directly from your secondary insurance plan once you have filed your claim. You are responsible for any balance remaining on your account after your primary insurance has paid.

Any patient balance that is outstanding for more than 90 days is subject to release to a collection agency for further action.

We do have weekend clinic appointments available for minor emergencies (Saturday 10:00 a.m.-12:00p.m & Sunday 2:00 p.m.-4:00 p.m.). We recommend that you do not take your child to any other after-hours clinic, urgent care center, or retail based clinic. We want your child to receive consistent, high-quality, non-fragmented, continuous care. For that reason, our office is open approximately 360 days per year.

If your insurance company does not cover **weekend after hours fees**, there is a \$20 surcharge that you will be responsible for at the time of the visit. This fee will not be filed to your insurance company. If you are not sure if your insurance company covers this fee, please do not hesitate to ask at the time of your visit.

### **MISSED APPOINTMENTS**

Our appointments are scheduled to respect your time. We ask that you show the same respect for our time. We carefully arrange our schedule in an effort to efficiently optimize your time here. We reserve a dedicated amount of time for each visit, and reserve large blocks of time for complex issues or annual check-ups (often as much as 30 minutes). We appreciate your promptness and consideration in arriving at your scheduled time. However, if you need to change an appointment, a 24 hour notice is requested. Missed appointments without proper notice will result in a **significant** missed appointment fee, depending upon the appointment type missed.

For Medicaid patients, by law, there can be no financial penalty; however, after missing two appointments, there will be a restriction from scheduling well child check-ups. Eventual dismissal from our practice may result after subsequent missed appointments.

### **AFTER HOURS TRIAGE SERVICES**

There is a fee for calls placed with our after hours nurse triage service. This includes calls to the after hours nurse triage service to schedule a clinic appointment, inquire about a dose of medication, etc. You may leave messages for our office staff on our voice

mail 24 hours a day at no charge and someone from our office will return your call as soon as our office reopens. We strongly recommend you take advantage of this service and use the nurse triage service for true emergencies.

### **OTHER SERVICES**

There are some services provided that are considered “non-covered” services. Payment will be the patient’s responsibility at the time services are rendered. We will not file, nor will insurance plans pay for these charges. Some of these services include (but are not limited to):

- 1 Pre-adoption counseling (\$100)
- 2 Telephone consults (\$50-100)
- 3 Travel advice-**research, advice, and prescriptions related to travel** (\$50)
- 4 Completion of sports physical/camp forms/school forms/immunization forms, if not provided at the time of a check-up (**nominal \$5 minimum to cover administrative costs**)
- 5 Prescriptions phoned in **to treat acute illnesses (such as pinworms, pinkeye, etc.)** without seeing the patient (\$10 during office hours; \$15 during non-office hours)
- 6 Letters from the office to verify many various issues (\$25-\$100)

There will be a charge (per child) to copy or transfer medical records. We recommend that you have the copies released to you (and not to another physician's office) so that you can keep them on file.

### **RETURNED CHECK**

We charge a \$30 fee for any check returned by your bank. Our bank will attempt to process your check **two** times before returning it to us for insufficient funds. Your returned check may be redeposited by us if not paid within 10 business days. If your check clears the bank after being deposited by us a second time, we will still look to you for payment of the returned check fee of \$30. If your check is returned to us a second time, an additional returned check fee of \$30 will be added to your account.