

Financial Policy Brooklyn Heights Pediatrics, PC

(Effective 5/1/2022)

Thank you for choosing Brooklyn Heights Pediatrics, PC as your children's health care provider. We appreciate your trust and the opportunity to care for your family. This document outlines our financial policies. Please read it carefully and ask us any questions before signing.

Please bring your insurance card to every appointment even if you think we have a recent copy.

Your insurance policy is a contract between you and your insurance company. You should **verify** your coverage before every visit. Insurance companies change the terms of their coverage frequently and unexpectedly. While certain procedures, tests and drugs may not require prior authorization, individuals should still confirm that the services are covered under their benefit plans. We will attempt to **validate** your insurance benefits at time of service and alert you to any problems. If we cannot validate your coverage, we will assign your account to self-paid status and request full payment at the end of your visit. If you do not have valid insurance, you are responsible for the full amount at the time of visit. If you have valid coverage with a participating insurance carrier, we will file an insurance claim shortly after your visit. If there are any problems with this submission, we will notify you immediately and request your prompt assistance with any conditions under your control that are causing a delay in processing. This often requires you contacting your insurance provider. If your insurance carrier does not respond to our secondary submission within 60 days from the original date of service, we will send you a statement, and payment will become your responsibility. You will need to contact your insurance carrier if you think it is responsible for payment. We will expect payment from you at that point and will charge your credit card on file.

Patient payments:

Our contracts with health insurance companies require to collect your co-payment at each visit. **Co-pays** (not paid on the day of service) are subject to an additional \$20 service fee. If your child/children have an **outstanding balance**, please make sure that your balance is paid the day before your visit otherwise your appointment will be cancelled. For same day visit please make sure whoever accompanies the patient to the visit is prepared to pay it. We accept cash, check, or a credit/debit card to pay your account. **A current credit card will be kept on file.** We do not store credit card numbers in our office, but use a secure link to access the information when we need to process a charge. (Our HIPAA compliant software securely encrypts and stores your credit card information displaying the last 4 digits of your credit card number only. No employee or outside vendor will ever have access to your information). Please present your credit card at the time of your visit to scan into your account with this form. It is your responsibility to notify us if your credit card information changes.

Statement:

When we determine that you owe a balance, we will mail a statement to the mailing address provided to us by you. If your address changes, **you are responsible for notifying us**. Payment is due upon receipt of the statement. Please contact our office as soon as possible after receipt of your statement should you have any questions, or should you wish to discuss the outstanding balance. Should you need it, we can help you set up a payment plan with a valid credit card. One-third (1/3) of the total balance is due the first day of the **payment plan**. The credit card used will automatically be charged for the second and remaining third owed on a monthly basis. We require payment plans to be arranged before your bill is 30 days old. In the event that your insurance pays us after that time, you will be reimbursed.

If your account remains unpaid, subsequent statements will be sent to the address we have on file. When your balance is 90 days past due, your credit card will be charged for the full amount owed. If declined, your account will be frozen and turned over to an outside collection agency for non-payment. Collection agency balances require that we will no longer be able to provide healthcare services to your child/children. We continue to provide 30 days of emergent care to give you time to find another physician, and we work with you through any current treatment plans. In this event, the Guarantor of the account agrees to pay any fees incurred by the collection agency.

Insurance coverage:

While we make a good faith effort to validate your coverage, it is your responsibility to know what services may or may not be covered by your insurance. We encourage you to refer to your benefits manual if you have any questions. If your insurance does not cover routine screenings as performed in our office (developmental screenings, hearing and vision screenings, etc) the cost of these services will be billed to you. It is your responsibility to know which services your insurance covers and at which ages. By signing you agree to provide Brooklyn Heights Pediatrics with the most current and accurate insurance information as it applies to your child's account. You will notify the office of any changes to insurance agree to the assignment of benefits. Finally, in the event that insurance information you provide delays payment, you will be asked to pay in full billed charges and seek reimbursement from your insurance provider directly. The insurance company gives us a very small window in which to file a claim, and incorrect insurance information usually delays this beyond their window. If your insurance does not pay your claim within 90 days, you will be charged for the full amount and can file the claim again independently and seek reimbursement from your insurance provider. This will often involve you speaking with your insurance company to work out errors in your coordination of benefits, incorrect information previously provided to or recorded by your insurance provider, etc.

Child Custody Dispute:

As an advocate for our young patients, Brooklyn Heights Pediatrics will not intervene in any custody dispute or financial responsibility dispute between parents or other responsible parties. We will send statements to any one address provided; however, we cannot look to more than one party for financial responsibility. You will need to work out these arrangements among the parties involved.

Missed/same day cancel and late arrival appointments:

We require a notice of visit cancellation by 5pm previous day. This courtesy will allow others to be able to utilize the allocated time. We require arrival at your appointment in a timely manner – it takes 15 minutes for the front desk to complete your registration and you should arrive 15 minutes early for your appointment to allow this work to be completed. If you arrive late for your scheduled appointment, the physician will determine whether the appointment will need to be re-scheduled and counted as a missed appointment. Late arrivals cause delays and disruption in the schedule. We understand you sometimes have to wait in the office for your appointment however this is because previous patients had an unexpected problem.

No Show appointments is \$80, after the 3rd No Show, you may be asked to find another healthcare provider.

Same day cancellation is \$40 even if appointment is booked the same day.

Fees not covered by insurance:

Medical records: \$25 per record. Records will be forwarded via Vsee app only.

Forms: free BHP school form,

free Immunization form

\$10 simple form

\$20 multiple page form

\$20 additional fee for rushed form

Adolescent and Adult medicine:

Every patient under 18 years of age must be accompanied by a parent/legal guardian, or by an adult who has obtained written consent for treatment from the parent/legal guardian. An exception is an adolescent presenting for confidential services which we are permitted by state

law to provide without notifying the parent. An exception is an adolescent whose parent/legal guardian has signed the Adolescent Confidentiality Agreement. Every patient over 18 years will be responsible for communication with us unless he/she has sent a written authorization that a parent can make inquiries on his/her behalf.

Newborn Enrollment:

It is essential that you enroll your newborn in your policy within a few days after the birth. We can only bill newborn services under the mother's insurance for the first 30 days of birth. If you have failed to enroll your newborn within the 30-day period, you will be responsible for full payment.

Referrals:

If your insurance plan requires written referral to see another specialist, you must allow us 3-5 business days to complete the appropriate form(s). Retroactive referrals cannot be written. We will not refer for a problem that we have not been consulted about prior to specialist visit. You are responsible to provide all information necessary for the referral.

Laboratory services:

We will send your lab work to the NorthWell Health laboratory. Please check with your insurance that it accepts NorthWell laboratory otherwise you will be responsible for the payment to them.

I have read and understand the Brooklyn Heights Pediatrics Financial Policies and I agree with all stated above. I authorize Brooklyn Heights Pediatrics to release any medical or incidental information that may be necessary for treatment, payment and other healthcare related operations.

Print Patient Name: _____

DOB: _____

Print Parent/Guardian Name: _____

Relationship to patient: _____

Sign Parent/Guardian/ Patient above 18: _____

Date: _____