

OFFICE POLICIES, ADVANCE BILLING NOTICE AND CONSENT FORM

Welcome to Pedi-Care! We are pleased to have your family as members of our practice and look forward to participating in your child's health and well-being.

Pedi-Care has provided medical care to families in thirty surrounding towns since 1988. We are **open seven days per week** and offer **twenty-four hour physician phone call emergency** consultation.

This document describes our office and billing policies. Please understand that our agreement to take responsibility for your family's medical care coincides with your commitment to pay promptly for the services your child receives in accordance with our office policies.

OFFICE HOURS: We are open seven days a week with the exception of posted holidays. On weekdays, our normal business hours are from 8 a.m. to 5 p.m. with extended hours until 8 p.m. On weekends, we open at 9 a.m. for sick appointments.

Please note that we comply with insurance company billing policies for extended hours, which entail an add-on fee for patients seen:

- 1). After normal business hours (i.e., after 5 p.m.)
- 2). On a weekend
- 3). On a Holiday (definition below)
- 4). As an "urgent fit-in" into the doctor's appointment schedule

When our office is closed, one of our providers is **on call for emergencies** and can be paged by telephoning the main office number (203)924-7334 and following the recorded prompts. There is no charge for after-hour phone calls. Please do not page the provider after hours for appointments, prescription refills, or routine questions – these issues should be discussed during office hours.

APPOINTMENTS: You may request an appointment with a particular provider for any "well-child" visit. "Sick visits", however, will be made at the earliest available time to ensure that your child is seen promptly. Please have the

courtesy to call us in advance if you need to cancel an appointment so that other children may benefit from using the time you have reserved. A fee is charged if you have not notified us 24 hours in advance of your inability to keep your child's **(WELL APPOINTMENT)**. Sick appointments must also be cancelled in advance to avoid incurring a fee. A chronic **(NO SHOW)** patient may be dismissed from our practice at our discretion.

OTHER FEES:

- 1). Our office visits, immunization, medical supply and procedure fees are updated yearly and are available upon request.
- 2). Phone call consultations with the provider during office hours and for after hour emergencies are free of charge.
- 3). Co-pays are due at the time of your child's visit. There will be a billing fee charged directly to you if co-pays are not paid at the time of your visit.
- 4). Copies of medical records: there is a nominal fee allowed by law for providing copies of medical records, including documentation requests during divorce proceedings and from your attorney.
- 5). Return checks are subject to a service charge. Payment is expected at time of visit unless other financial arrangements have been made prior to your visit.

SELF-PAY PATIENTS: Paying in full at the time of your child's visit will allow us to deduct the billing fee (20% of your office visit charge). Payment in full is expected at time of visit.

INSURED PATIENTS: Medical insurance does not pay for all of your family's health care costs. Your insurer only pays for covered items and services in accordance with your subscriber agreement. In addition, although your insurer lists a health care service as a "covered benefit", there may be restrictions in regard to where those services may be obtained to qualify "for coverage".

The fact that your insurer will not pay for a service provided in our office does not mean that your child should not receive it OR that it is not a covered benefit if provided in another facility or by another health care professional. For example, your insurer may state that a laboratory test is a covered service but only if you obtain that service at a specific lab. If you choose to have your child's laboratory test done in our office, you will be personally responsible for the fee.

In addition, there may be office visits that are covered by your insurer when certain diagnoses are used. For example, "Attention Deficit Disorder" may be a diagnosis that is covered by your insurer if a psychiatrist provides treatment but not if your pediatrician provides the care. If you choose to have your pediatrician provide the care, then you may be personally responsible for the fee.

It is your responsibility to know which services are covered by your plan as well as where those services are covered. If you elect to receive care in our office and your insurer does not pay for that care, you will be personally and fully responsible for payment. If you do not wish to receive services that are not covered in our office by your insurance, you must inform the provider **IN ADVANCE** so that your child's care will have optimal continuity if provided at an alternate facility or by another health care professional. Co-pays are due at the time of your child's visit. There will be a billing fee charged directly to you if co-pays are not paid at the time of the visit.

REFERRALS: If your plan requires referrals for specialty care recommended by your primary care provider, it is your responsibility to obtain information regarding these requirements and contact the referral specialist at this office to request a referral be processed **PRIOR** to the specialty appointment.

HSA's AND HIGH DEDUCTIBLE PLANS: If your family has chosen a health savings account or a high deductible plan, then you are responsible for your child's medical bills until your deductible is met. Please do not request that we reduce your family's charges because you have a high deductible. It is not legal for us to charge families differently based on their insurance coverage.

ILLNESS DURING "WELL-CHILD VISITS": When you make a "well" appointment, time is allotted to address your child's growth, development, nutritional status and academic progress. If additional care is required to assess an illness (prescriptions, referrals, diagnostic evaluations, laboratory or radiological orders, etc.), then your child's "ill" diagnosis and subsequent fee for service will need to be documented and added to your visit code.

PAST DUE ACCOUNTS: All accounts are expected to be paid within 30 days. Self-payers who do not pay in full at the time of service will forfeit the 20% discount.

Insured payers who do not pay co-pays or other required payments at the time of service will incur a billing fee. If our family's medical bills (exclusive of insurance coverage) are more than 60 days past due, you will be required to pay your account in full before we can provide additional medical services. In addition, your account will be turned over to our collection agency and you will be responsible for all costs associated with collecting monies for court costs, collection agency fees and attorney fees.

DIVORCE SITUATIONS: The parent bringing the child in for care is responsible for payment of the co-pays. Both parents are responsible for payment on the unpaid balance regardless of the divorce decree. If payment issues exist, they must be resolved between the parents.

FINANCIAL HARDSHIP: If your family is temporarily experiencing a period of financial hardship, please speak with our billing manager. A payment plan can be arranged to prevent interruption of your child's care after a written payment contract has been agreed upon.

INFORMED CONSENT

I have read and agree to comply with the above office billing policies. By seeking and receiving pediatric care at Pedi-Care, I am agreeing to be personally and fully responsible for payment.

___ As a self-paying patient, I understand that I am expected to pay for services at the time of the visit, and that if I do not, I will incur a billing fee.

___As patient with a participating insurance, I am expected to pay my co-pay or deductible at the time of the visit or incur a billing fee. I understand that is my responsibility to know the coverage limits of my health plan and those services and diagnoses that are not paid by my insurer may be billed to me. If my insurer subsequently pays for any services that I have paid for, Pedi-Care will refund any payments due me.

PRINTED NAME OF FINANCIALLY RESPONSIBLE PARTY

SIGNATURE

DATE

INSURANCE COVERAGE AND BILLING POLICIES FOR HEALTH CARE

The physicians at Pedi-Care provide health care management according to the medical protocols set forth by the American Academy of Pediatrics. These "best practice" protocols are the most up-to-date standard of care and include the following parts to your child's medical evaluation:

FOR CONCUSSION:

1. A neurovestibular history and neurovestibular exam (oculomotor and balance)
2. Neurocognitive testing
 - *King Devick (eye tracking speed)
 - *ImPact test (memory, processing, visual motor speed and reaction time)

FOR WELL -CHILD VISITS:

1. Comprehensive history and exam
2. Vision and hearing, iSCREEN, and OAE (Otoacoustic emissions)

FOR ADD/ADHD VISITS:

1. Comprehensive history and exam
2. Vanderbilt tests, Quotient test

Insurance companies that recognize current standard of care will cover your child's visit and testing. However, there are some insurance companies that may deny coverage for the King Devick and ImPact tests, Vanderbilt and Quotient Tests.

We will make every effort to provide your insurer with the necessary documentation to obtain complete coverage for your child's visit. However, if your insurer does not pay for testing, then you may be billed for that portion of your child's evaluation. Our billing staff can provide you with the fees involved and payment options and you are welcome to call us with questions. Thank you.

Parent/Guardian Signature

Date

Please list all children @PEDI-CARE

Pediatric Care Associates of CT PC (dba Pedi-Care)
25 Constitution Blvd., So., Shelton, CT 06484 (203) 924-7334