

Angel Pediatrics Financial Policy

01/01/09

Dear Parent,

Welcome to Angel Pediatrics. Please take a few moments to review our Financial Policy. At our clinic we are trying to do everything to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. (Billing cost money: personnel, equipment, postage, etc.) For this reason you will get a **5% discount** if you pay your portion of the charges that left after collecting from insurance **in full** while you are at the clinic. This applies for the balance paid in full within the first 30 days after we have received payment from the insurance company. The following is a summary of our financial policy.

1. **Payment is expected at the time services are rendered unless other arrangements have been made in advance.** This includes co-payments, coinsurance payments and deductibles. **Please do not ask us to waive co-payments;** it is considered a breach of the insurance contract and it can lead to denial of payment by the insurance company. **We accept Cash, Money Orders and Checks If your child is brought to the clinic by a relative or a friend, payment is still expected at the time of service.**
2. **In case of divorce or other changes in guardianship, please bring legal papers and inform our office about the responsible party for the payments.**
3. **Please inform our office of all billing address changes and changes of phone numbers at the time of check in.**
4. If you have insurance coverage, as a courtesy to you, **Angel Pediatrics will bill your insurance company**, so you will not need to file your own claims. This saves you time, energy and money. In order for us to be able to verify coverage and effectively submit charges we need you to **bring your proof of insurance to EACH and every visit.** This includes Medicaid or Medicaid type insurance papers as well. Specifically bring to our attention **any changes** (new card, new group number etc.)
5. **You are responsible for the outstanding balance, if:**
 - **at the time of your visit you are not covered by Insurance or Medicaid;**
 - **your coverage lapsed or had not been renewed.**
 - **you did not provide us with accurate information for example billing address, responsible party or insurance information etc.****If your Medicaid lapsed, and you are about to renew it, please be aware that Medicaid will only pick up previous charges if they know about them at the time of your renewal. You need to contact our billing department and request a copy of the charges and submit it to your caseworker for processing. You will be responsible for the outstanding balance, if you do not submit them to your caseworker.**
6. **If you have HMO please make sure that the PROVIDER NAME on your card has been changed to Angela Asom MD. The insurance will deny payment if it has not been changed PRIOR TO THE VISIT and you will be responsible to pay in full for the charges occurred.**
7. **We recommend that you check your benefits with your Insurance Company PRIOR TO THE VISIT to avoid unpleasant surprises.** Many Insurance companies limit the amount they will pay for some services, like yearly physicals and well child visits or part of services given at the time of the check up, like vision and hearing checks, or certain

laboratory testing. Please check if you have “well visit reimbursement frequency or limitations”.

In all cases, you are expected to pay for amounts your insurance company deems fair, but which do not exceed the contracted reimbursement limits.

- 8. We highly recommend that your child receive all “Well Child Check-ups” and all of the recommended childhood immunizations. However, if you know that your insurance company does not cover these services or part of these services, you have the option to visit our State Health Department for further care and immunizations. If Well Checks are covered, but Immunizations are not covered, your child may be eligible to receive Texas State Vaccines at our clinic. Please call it to our attention if that is the case.**
- 9. If you have multiple coverage, make sure you let us know which insurance is the primary insurance. If you have multiple coverage that includes Medicaid, Medicaid always considered secondary. We have to bill the primary carrier first, so please bring your primary insurance information with you. Not having this information will result of the denial of the claim, which delays us receiving the payments and you might be found responsible for the charges occurred.**
- 10. If for reasons that you failed to give us accurate information and we have not received payment from the insurance company in 45 DAYS you will be expected to pay the balance in full. You may want to resubmit the claims so you receive reimbursement. We will be glad to provide you with the necessary information for submitting claims.**
- 11. We will bill you (and a letter will be sent to the address you provided) for your portion of the charges that is left after we have received payment from the insurance company. You have 30 DAYS to clear your balance, after 30 days it is considered overdue. (As mentioned above if at that point you pay in full at the window you will receive a 5% discount.) After the 30 days your balance is overdue and a “late fee” of \$5 will be added to your balance to cover the expenses of billing you again. At that point a second letter will be sent to notify you. Patients with outstanding balances of grater then 60 DAYS overdue must make arrangements for payment prior to scheduling a visit and will be sent for collections. We realize that people have financial difficulties. Therefore we may advise you to receive your child’s immunizations through the Health Department.**
- 12. Your insurance company might deny payment for the following reasons:**
 - There is a preexisting illness or condition that they do not cover.
 - You have not met your full calendar year deductible.
 - The type of medical services requested are not covered.
 - The insurance was not in effect at the time of service.
 - You have other insurance that needs to be filed first.
 - You have exceeded the dollar/visit amount allowed.
 - You did not have a referral number for your visit.
 - You have failed to change the name of the PCP on the card.

If your insurance company denies your claim for any reason it is your responsibility to pay the bill in full by no later then 60 days. We will be glad to give you the information that is needed to fight the claim further, but for our clinic to operate efficiently we cannot take further financial responsibility for it.

Following the recommendations above will help you avoid unnecessary charges and help us provide high quality care to your child. Your child’s health is priority at our clinic and we would like to provide you with the best possible care. Should you have any questions please contact our Office Manager at 972-396-1900.

**Acknowledgment of Receipt of
Angel Pediatrics Financial Policy**

I have read and understand my financial obligations. I understand that this office as a courtesy to me will file an insurance claim on my behalf. I assign the proceeds of such insurance claim to Angel Pediatrics P.A., Both Angel Pediatrics, P.A. and I will receive an Explanation of Benefits (EOB) from my insurance company that will detail payment, deductions and adjustments per my plan's guidelines.

I understand that I will be fully responsible for payment of any and all medical services denied by my insurance company, as applicable by state and federal law.

_____ Relationship to patient: _____

Signature of responsible party

Date: ____/____/_____