

## Covenant Pediatrics Financial Policy

Thank you for choosing us to be your child's primary care physician. Effective 06/15/14 Covenant Pediatrics (CP) will implement a new Financial Policy. Please understand that payment of your bill ensures the practice remains financially healthy and stable so that we may continue to provide care for future generations. If you have any questions regarding this financial policy, please do not hesitate to speak with Management. We will be glad to assist you.

### *Please initial by each policy*

1. \_\_\_\_\_ **INSURANCE COMPANY:** Covenant Pediatrics is currently in-network with most commercial insurance plans as well as GA Medicaid and most of its CMO's. It is the responsibility of the parent to determine if the specific doctor you are seeing is in network with your insurance company. Certain "Mom-and-Pop" plan details are not always available to our staff so be sure to contact your insurance company to verify CP is in network with your current policy  
  
\*\*We depend on you to provide us with correct insurance information so that we may file you claims appropriately. If you provide us with incorrect information and your insurance company denies payment, you may be responsible for all the resulting charges. \*\*
2. \_\_\_\_\_ **PAYMENTS:** You are financially responsible for the cost of your child's care. If you have a copayment due your insurance company requires us to collect it at the time of service. This is due from the parent/guardian who brings the child(ren) to be seen. If this is not collected at the time of service, the responsible party may be charged an additional \$5. Insurance companies will not cover this expense, thus you will be responsible for this cost.
3. \_\_\_\_\_ **PROOF OF INSURANCE:** CP must obtain a copy of your driver's license and current valid insurance information. If you are unwilling or unable to provide your ID information, your appointment may be rescheduled until this information is obtained. If you are unable or unwilling to provide current insurance information, your visit shall be paid by you at the time services are rendered.
4. \_\_\_\_\_ **NEWBORN INSURANCE:** When a child is born we understand that it may take time to have that new bundle of joy added to your insurance policy. Please contact the office as soon as your child's insurance is activated. After 30 days you will be responsible for any balances that are not paid by insurance.
5. \_\_\_\_\_ **CLAIMS SUBMISSIONS:** We will submit your claims or assist you in any way we reasonably can to help get your claims paid. Please be advised that this is a courtesy provided by CP rather than a responsibility. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.
6. \_\_\_\_\_ **COVERAGE CHANGES:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. In the event that valid information is not provided to our office in a timely manner, CP will not be held to timely filing requirements by your insurance company.
7. \_\_\_\_\_ **ADD/ADHD VISITS:** Many insurance companies do not cover visits for ADD/ADHD because they categorize this care under mental health instead of medical care. It is your responsibility to find out from your plan if they do or do not cover these visits. This way you are not surprised if you receive a bill stating the office visit was not covered. In addition, these visits cannot be coded as a well-child exam. Copayments and deductibles may apply.
8. \_\_\_\_\_ **WELL CHILD EXAMS:** It is the responsibility of the parent/guardian to find out what the approved schedule is for their child's well-baby/well-child exams. Coverage for these services varies by plan and our staff may not have access to specific information about your policy. Helpful information to find out – how many well-child exams are allowed per year, does your policy limit the age of coverage for well-child exams (ex: well-child coverage covered from ages 0-6 only), does your policy cover vaccines? If so, for what ages? These details could mean the difference of hundreds of dollars on your bill. Please be familiar with your specific plan's details and provide this information to our staff.
9. \_\_\_\_\_ **DIVORCE AND SEPARATION ISSUES:** In the case of divorce or separation, it is imperative that we be notified as to who has primary responsibility, including financial responsibility, for the care of your child(ren). The person with **PRIMARY RESPONSIBILITY** for the child(ren) will be responsible for payment of all charges not paid by insurance unless we are notified otherwise. Proof of responsibility may be requested in the form copies of the divorce paperwork. \*\*It is the parent's responsibility to work together to ensure that all charges not paid by insurance are paid in a timely manner. CP will not get involved in how these charges are allocated between parents/guardians.\*\*

10. **REBILLING FEES:** The policy of CP is to provide your first billing statement as a courtesy. After the first billing cycle, if payment has not been made in full, a rebilling fee may be applied to the account in the amount of \$10. This rebilling fee will be added to each statement thereafter if no payments are received.
11. **COLLECTIONS:** Delinquent accounts that are a minimum of \$60 and 60 days past due it will automatically be sent to the first phase of our profit recovery system. If the balance remains unpaid, you may be separated from the practice and the balance turned over to a collections agency. If this occurs an additional fee of up to \$100 may be added to your account. This will not be covered by insurance, thus you will be responsible for this cost.
12. **AFTER HOURS CLINIC:** All After Hours care for Covenant Pediatrics is at the Martinez location. Every visit will also have an after-hour fee applied to. While most insurance companies will cover this charge, some do not. If they do not, this charge is the responsibility of the parent. Patients of CP who have unpaid balances will incur the same rebilling fees and profit recovery/collections practices as they do at CP during regular office hours.
13. **OTHER SERVICES**
- Immunization records will be prepared within 48 hours and are at no charge to you.
  - Requests for medical records and specialized reports are usually completed within 5 days and may have a charge of \$30, or as allowed by State Law. Some insurance companies may not cover this expense; in this case it is the responsibility of the parent/guardian to pay for this charge.

**PATIENT NAME(S) & DOB**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

With the exception of Copays and Self Pay which are due at the Time of Service, who is Financially Responsible for any bills that may occur due to deductibles, coinsurance, or balances that insurance may deem to be the patient responsibility?

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Ins Name: _____	Secondary Ins Name: _____
Policy Holder: _____ DOB: _____	Policy Holder: _____ DOB: _____
Sex (Circle): M F SSN: _____	Sex (Circle): M F SSN: _____
Patient's Relationship to Insured: _____	Patient's Relationship to Insured: _____

I agree that the above information is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to above patient: \_\_\_\_\_