

## PARTNERS 4KIDS FINANCIAL POLICY

All of us at Partners 4Kids believe it is essential to our patients and their parents that we outline our expectations regarding the financial aspects of your visits with us. We have developed these policies based on industry standards and past experiences. These policies are presented in order for you to understand how we interact with you, your insurance company, and some of the constraints we must follow due to contractual and/or legal requirements. We encourage you to contact our Practice Manager at 340-774-KIDS (5437) in the event that you have any questions.

### **Required at Check-In**

1. Verify Personal Contact Information
2. Present Current Copy of Insurance Card
3. Present Current Picture ID
4. Payment of any Outstanding Balance
5. Payment of Today's Visit

**Copays:** Per our contract with your insurance company, copays are due and must be collected at the time of service, including most "nurse" visits. Copays cannot be "comp'd" or credited to an account as this would constitute a breach of our contract with your insurance company. We may choose to reschedule an appointment in the event a co-payment cannot be made at the time of the visit.

**Coinsurance and Deductibles:** We will collect any coinsurance or deductible amounts due as identified by your insurance company at the time of service.

**Insurance Billing:** Partners 4Kids will bill your insurance company for services provided. Ultimately, you are responsible for any charges not paid by your insurance carrier. By having us bill your insurance company, you are assigning your benefits to Partners 4Kids. In order for us to accurately and correctly bill your insurance company, we require for you to provide us with current information at every visit. This includes an up to date copy of your insurance card and a completed patient information sheet. These documents must be updated on an annual basis and/or whenever there is a change. Failure to provide accurate insurance and demographic information may result in you being liable for services rendered that day. In the event that we cannot validate active coverage with your insurance carrier, your account will be considered self-pay. In such cases, we will collect payment at time of service and refund any amounts subsequently collected from your carrier.

If you are insured by a non-participating insurance carrier, we will expect payment from you at time of service, and it will be your responsibility to submit any claims to your insurance company for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process.

**Uninsured (Self-Pay) Patients:** Payment is expected at the time of service unless other financial agreements have been made prior to your visit. Please know that we do offer discounted fees for patients without health insurance. Call our office if you would like specific information.

**Medicaid:** We gladly accept patients with Medicaid only when presented with a referral from either St. Thomas East End Medical Center, Department of Health- Community Health or Department of Health- MCH Clinic – Elaine Co. Medicaid is also accepted if care is provided to you at the Schneider Regional Medical Center/ Roy Lester Schneider Hospital by one of our pediatricians. Medicaid is also accepted for vaccinations.

**Retroactive Denials:** A retroactive denial is a reversal of a previously paid claim. That is, your insurance company denies a claim after paying for it and takes the money back from the provider. If a claim is retroactively denied, the enrollee then becomes responsible for the payment.

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Examples that can result in retroactive denials, this list is not all inclusive:

- When a third party\* is legally responsible for payment
- Another health insurance company made a payment and we did not receive notice
- You didn't pay your premiums on time and your coverage was terminated
- Your insurance paid for a service that you did not receive, was not medically necessary or was not covered by your benefits
- There was an error on the claim

**Newborns:** If you have a newborn or newly adopted child, congratulations! Your child is covered for the first 30 days by the mother's policy, regardless of which parent will provide ongoing insurance coverage. You should contact your carrier as soon as feasible to add the new child to your policy. Permanent coverage must be in place before the automatic newborn coverage expires. You must have your child added to your policy by the one month well-visit and should have an insurance card to present at that visit. If you have not received an insurance card, contact your insurance company prior to the visit to verify coverage and get an active insurance ID number. If you do not have active coverage your visit may be rescheduled/delayed or you may be personally responsible for the bill.

**Well Visits:** For Wellness Visits or Physical Exams for which you require additional services beyond the scope of the wellness exam or physical, an additional charge will be incurred and you will be asked to pay resulting additional copayments or patient responsibility amounts.

**Vaccines:** Most health insurance plans cover the cost of vaccinations. However, you should check with your insurance provider before scheduling your child's appointment. If you don't have health insurance, or if your insurance doesn't cover vaccinations, your child is eligible for vaccines through the Vaccines for Children (VFC) program. The VFC Program helps families of eligible children who might not otherwise have access to recommended childhood vaccines.

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Medicaid eligible: A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- Uninsured: A child who has no health insurance coverage
- American Indian or Alaska Native: As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- Underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) such as St. Thomas East End Medical Center

**Medical Records:** Partners 4Kids charge a per page fee, payable in advance, if you would like a copy of your records printed/mailed to you or another physician. This per page fee policy is available upon request. As always, if a collaborating physician (primary care or specialist) requests portions of your record to assist in your care, there is no charge.

**Forms:** A fee is charged for each form (school, camp, FMLA, driver's license and daycare).

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**Lab Charges:** Depending on your insurance, you may get a separate bill from the lab facility that performs your lab work. These charges should be discussed directly with the lab facility.

**Billing/Payment:** Partners 4Kids will bill, on a monthly cycle, for charges that have been identified as your responsibility. We will not bill you for charges that are currently submitted to your insurance company or for any contractually agreed upon adjustments. Payment is required within 30 days of the billing date. All statements are due on receipt. If charges remain unpaid after 30 days, a second statement will be rendered with a notice requesting immediate payment. If charges still remain unpaid after 60 days, a final statement will be rendered with a letter informing you that our relationship is subject to cancellation after 30 days of urgent and emergent care. All further services will be provided on a cash-only basis.

**Divorced/Separated Parents of Minor Patients/Court Orders:** The parent who consents to the treatment/ the accompanying adult of a minor child is responsible for payment of services rendered at the time of service. Partners 4Kids will not be involved with separation or divorce disputes.

**Missed Appointments:** We respectfully request that you notify us 24 hours ahead of time in the event you cannot make your scheduled appointment so that we have a sufficient amount of time to accommodate other patients. Failure to provide a 24 hour notice and/or failing to show up for appointments will result in the imposition of a missed appointment fee.

**Returned Funds:** Any funds returned (i.e., checks) will be charged a service fee.

**Non-Covered Services:** As the subscriber, you are responsible for knowing the terms and limitations of your specific plan. Partners 4Kids is not responsible for charges incurred as a result of any particular service not being covered and/or paid for by your plan, or can the staff of Partners 4Kids be responsible for knowing the terms of your policy. You are responsible for any visit, treatment, and/or equipment charged for and not covered under your plan. See "Fees for Non-Covered Services" following Financial Policy.

**Collections:** We understand that at times there are extenuating circumstances that may limit your ability to pay off any outstanding balance. In these types of situations we may be able to arrange a payment plan. Failure to meet payment obligations outlined in said payment plan will make the agreement null and void and the practice will then reserve the right to make a "Demand For Payment" on the remaining balance. Balances greater than 90 days old and where a payment plan has not been established may be turned over to an outside collection agency. In the event this occurs, you may end up being discharged from the practice and responsible for any collection fees incurred by Partners 4Kids.

**Eligibility:** You are responsible to ensure that one of the Partners 4Kids physicians are eligible to be your primary care physician and are an authorized provider within your insurance plan. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. While we make the best effort to understand the benefits of your insurance plan, it is your responsibility to distinguish services that are covered from those that are not covered. For example, is your child's physician a participating provider with your insurance company? If blood work is needed following an office visit, can it be performed at the doctor's office or should you go to a laboratory approved by your insurance company? If your child needs to see a specialist, do you need to obtain a referral from your primary care provider? Are you required to make a co-payment for a well examination? Please take the time to become familiar with your insurance coverage. You will be responsible for any charges denied by your insurance company

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in the event that one of our physicians is not selected as your primary care physician or is not an authorized physician within your specific plan.

**Reasonable and Customary Charges:** Partners 4Kids, not your insurance company, establishes our fee schedule, which is based on published values. We reserve the right to accept or decline recommendations from your insurance company on what is defined as a reasonable and customary charge.

**Online Payments:** Your payment and personal information submitted through our online payment portal is safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all of your personal information, including credit card number, name, and address so that it cannot be read over the internet.

**Refunds:** If Partners 4Kids owes you a refund due to an overpayment or credit balance, we will issue a refund after our billing company, Key Solutions Medical Billing, LLC has verified it. Any account that has outstanding claims will not be eligible for a refund. Provided there are no other balances owed to Partners 4Kids, we will credit your credit card or send you a check, depending on how you made your initial payment. For any questions concerning a refund due, please call our Billing Manager at 772-871-0055 or Office Manager at 340-774-5437.

**Waiver of Patient Responsibility:** It is the policy of the practice to treat all patients in an equitable way regarding account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as our agreements with payers.

**After Hours and Weekend Charges:** In accordance with national billing guidelines, you for services performed on Saturdays, Sundays, after normally scheduled hours or for unscheduled walk-in appointments. These charges may be adjudicated in full or part by your insurance company.

### Insurance Information

Below is a list of the insurances that we accept. Please have your card with you at the time of your visit. If we file your claim, you are responsible for only the co-pay at the time of visit. If we are not a provider for your insurance, if you are not insured or we do not file with your insurance company, you may be responsible for the entire charge at the time of service.

- Aetna
- APWU
- Atlantic Southern
- Blue Cross Blue Shield (BCBS) (PPO)
- Cigna
- Colonial Group International
- ELAN Solutions, Inc. (ESI)
- Evolutions Healthcare Systems (EHS)
- Evolutions Healthcare Systems (EHS) HealthSmart
- Mapfre Life
- Medical Assistance Program (MAP) (with referral from Dept. of Health) (See Medicaid Section Above)
- Morgan White Group
- National Health Insurance (NHI)
- Tricare Prime (with authorization letter)
- Triple S

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- United Healthcare and Affiliates: All Savers; UHC Choice- Choice Plus Network
- United Healthcare
- Wells Fargo

- **These policies are subject to change. A current copy of this policy will always be available to you either at the office, via email or by sending in a stamped self-addressed envelope.**

**Methods of Payment:** We accept cash, checks, Visa and Mastercard. We realize that temporary financial problems may affect payment to your account. If problems do arise, please contact our Billing Manager at 772-871-0055 or Office Manager at 340-774-5437 for assistance.

<b>NON-COVERED SERVICES:</b>	<b>FEES:</b>
3 Consecutive Missed Sick Appointments: (If not cancelled 2 hours prior)	<b>\$20</b>
Missed Routine/ Well Child Appointment: (If not canceled 24 hour prior)	<b>\$40</b>
Returned Check:	<b>\$25</b>
Co-Payment Not Paid at Time of Service:	<b>\$20</b>
Universal Child Health Record/Sports/Camp/Driver's License Form: (fee waived when presented at time of visit)	<b>\$5</b> (for Universal School Form) <b>\$10</b> (for extended forms)
FMLA Form:	<b>\$10</b>
Rush (Same-Day) Forms:	<b>\$30</b>
Transfer Medical Records Out:	<b>\$1</b> (per page, not to exceed \$15, per child)
Ear Piercing:	<b>\$75</b> (Sterile Surgical Steel Earrings included)

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