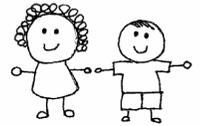


# Spy Pond Pediatrics

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## Financial Policy

**INSURANCE PLANS:** It is your responsibility to know and understand the details of your child's health insurance coverage. Plans vary widely, even within the same insurance company. If your plan does not cover 100% of the services rendered, you are responsible for the bill.

**NEWBORNS:** Please call your insurance company or workplace to add your newborn child to your plan as soon as possible. Insurances will not pay our claims until this is done.

**INSURANCE CHANGES:** If your insurance changes, it is your responsibility to inform us, preferably in advance of a visit. Bring your new insurance card(s) with you. It is your responsibility to make sure we are providers in your new plan.

**PCPs:** Some plans (like HMOs) require that you identify a Primary Care Physician (PCP) for your child. If you do not do this, they may refuse to pay us for our services.

**CO-PAYS:** If your plan requires a co-payment, it must be paid at each visit, by the person who brings the child for the visit, or online in advance of the visit. This is part of your contract with your insurance company. We accept cash, personal check, Visa, MasterCard, and Discover. We reserve the right to add a late fee for any co-pay not paid on the day of the visit.

**DEDUCTIBLES:** If your plan does not cover 100% of the services rendered, you are responsible for paying any co-insurance, deductibles, or non-covered services. You will receive a statement from our billing company (A-STAT Medical Billing) indicating the amount your insurance has paid and the amount you owe. A statement will also appear in your Patient Portal account.

**SELF-PAYMENT:** If you do not have health insurance, we will estimate the cost of the visit, and you are responsible for paying this amount in our office at the time of visit. After reviewing the details of the visit, we may send you a statement for additional charges, for which you are also responsible.

**BALANCES:** Balances are due within 30 days of the statement date. We reserve the right to charge a late fee with each additional statement sent. If a balance is not paid within 120 days, we will review your account for placement with a collection agency and dismissal from the practice. You will be responsible for any fees charged by a collection agency.

**PAYMENT PLANS:** We allow patients to enter into a payment plan with a valid credit card. One-third of the total balance is due the first day of the payment plan (must be within 30 days of the statement date). The credit card used will automatically be charged for the second and remaining third owed on a monthly basis.

**DIVORCED PARENTS:** Since we are not a party to your divorce, we cannot be involved in the financial arrangements determined by your divorce decree. The parent who brings the child to the office is responsible for any co-pay or balance, at the time of service. We ask that you provide us a copy of the custody agreement. This protects us, you, and your child in terms of HIPPA compliance.

**RETURNED CHECKS:** If a personal check is returned, you are responsible for any fees charged to us by our bank (currently \$39). In addition, all future payments will need to be made with either cash or credit card.

**ASSISTANCE:** If you need assistance with paying for medical services, please contact Health Care for All ([hcfama.org](http://hcfama.org) or 800-272-4232), a free resource that can answer general insurance questions, provide information about free and lower-cost programs, and help you apply.

**RECORDS:** If you transfer away from our practice, we will provide one free copy of your child's full medical records. Any additional copies require a fee of \$10. A legal guardian must sign the record release. By law, our office has 30 days to provide records. We ask that you pick up records, as they often get "lost" when sent to other practices. If you are unable to pick them up, we reserve the right to charge a fee for postage and handling.