

PEDIATRIC CENTER AT RENAISSANCE FINANCIAL POLICY

Pediatric Center at Renaissance is committed to providing optimal care to our patients and their families and feel that this goal is best achieved if everyone is aware of our financial policy. Changes in the health insurance industry have made the cost of healthcare challenging for both patients and healthcare providers. We've developed this policy to serve as a clear understanding of our billing practices and to help with any questions about your financial obligations. Our Billing Specialists at PedsOne are happy to answer any additional questions you may have. Our billing account manager Donna Circe can be contacted at 866.371.6118, ext 118.

Payment Procedures and Payment Options

Full payment is expected at the time of service, regardless of who brings the child to the office. This includes applicable deductibles and co-payments. We accept cash, personal checks and all major credit cards. A receipt will be provided to you for all payment transactions. As an added convenience, payment can be made for balances through our patient portal, MyKids Chart. Contractual obligations with your insurance plan require us to collect your co-payment in full at the time of service. We cannot reduce or waive co-payments, deductibles or other cost-sharing balances that are due following your insurance carrier's adjudication of your claim. The accompanying parent or other adult is responsible for full payment due at the time of service and for providing the proper insurance identification.

Insurance Coverage

We participate with several insurance plans. As insurance plan benefits vary, it is the policyholder/parent's responsibility to know the specific benefits of their plan. We will bill the insurance companies we participate with. If your carrier requests other information from you such as evidence of other insurance, they will not provide reimbursement of your claim until you provide the requested information. If you fail to do so, you will be billed for any outstanding charges.

If you have failed to provide the correct insurance information, you must notify us immediately and we will attempt to submit a claim with the correct insurance company. However, if the claim is denied for any reason, or if it is past the timely filing limit per your insurance, you will be responsible for payment of all charges.

While many insurances cover preventative care in full, additional services may be rendered at a well child check up that may result in additional charges. Many insurances will not cover a well child check up and sick visit on the same day. If a problem or illness needs addressed during a well child check up, the check up may need to be rescheduled and/or there may be additional co-pays, co-insurances, or deductibles required by your insurance plan.

Non-covered Services

We will always provide your child with, what we consider the best and most up-to-date medical care. Some insurance plans limit coverage of procedures and services in order to control their costs. As a result, certain services we may provide for your child may not be reimbursed by your plan. Although we will submit a claim with your insurance, please be aware that some, and perhaps all, of the services

provided may be “noncovered” services or may not be considered reasonable and necessary by your insurance company. Except as provided by your insurance contract or by state law, you will be responsible for all charges not covered by your policy.

Secondary Insurance

If your child is covered under two insurance policies with which we are in-network with, we will submit claims to both plans. Once the primary insurance payer processes the claim, additional balances due may be submitted to the secondary insurance plan. There are guidelines that govern which plan is deemed primary and secondary. Please consult with your insurance plans for determination of such.

Newborn Enrollment

It is essential that you contact your insurance plan or the policy holder’s Human Resources department to enroll your newborn on your policy. We recommend doing this within the first few days of your baby being born as it often takes a few weeks for the baby to show up on the plan as a covered member. Delaying enrollment may result in us having to bill you directly.

Laboratory Services

We will send your lab work to the in-network or preferred laboratory based on the insurance information you have provided to our office. We are not liable for insurance billing and balances due from outside labs.

Referrals

Our providers will make referrals to specialists when clinically indicated. It is the responsibility of the policyholder to make sure the specialist is in or out of network with their insurance plan. Pediatric Center at Renaissance assumes no financial responsibility for any out of pocket expenses related to the care of the patient with the specialist. Any financial agreements related to account balances are between the policyholder and the specialist’s office.

Holiday Hours/Weekend Clinic

There may be an additional fee charged for visits occurring outside of routine office hours (holidays) and for visits to our Saturday clinic. We will bill this charge to the participating insurance plan. You may be responsible if your insurance carrier does not cover this charge. The Saturday charge for private pay patients is \$15.

Medical Records

With the signed request from the patient, parent or legal guardian, we will provide you with a copy of your child’s medical record. There is a charge of \$25 for the first 25 pages and \$.50 for every page thereafter. Copies of medical records must be picked up and paid for by the patient’s guarantor. Our medical records release form is available on our website at www.mcallenpediatrics.com.

Returned Checks

There is a \$25.00 fee for any check returned to us from your banking institution.

Additional Fees

- Billing records/itemized receipt - \$5.00
- New vaccine cards - \$5.00
- Provider’s signature for sports physical or daycare forms - \$15.00
- Letter of medical necessity - \$25.00

Past Due Accounts

Our office strives to assist you in every way possible to keep your account in good standing. When there is a balance due on an account, you will receive a billing statement from our Billing Specialists, PedsOne and payment is due in full within 30 days of receipt. While payment is always expected in full, please be assured, if there are financial circumstances that preclude you from settling your account promptly, we will be glad to work with you. Please contact Donna Circe from PedsOne Billing at 866-371-6118 so arrangements can be made and noted on your account. If an account has gone over thirty (30) days with no payment activity, a friendly reminder letter will be sent at the next billing cycle. If an account has gone over sixty (60) days with no payment activity, a second letter will be sent at the next billing cycle indicating that regular monthly payments are required in order to keep the account current. If an account has gone over ninety (90) days without regular, consistent monthly payments, a third letter will be sent at the next billing cycle indicating that action must be taken to avoid further consequence. Once an account has gone past ninety (90) days without regular, consistent monthly payments or some indication of a budget plan, we may put a scheduling hold on your account until the balance is settled.

I have read the above policy and agree to its terms.

Signature of Responsible Bill Payer

Print Name

Relationship to Patient