

# Baer Pediatrics, LLC

## 2017 Patient Financial Policy

Thank you for choosing Baer Pediatrics as your child's healthcare provider. We are committed to providing your family with the highest quality medical care possible in a cost-effective manner. In order to achieve this goal, we would like to explain our billing, insurance, and payment policies:

**Insurance:** For your convenience, we will submit your claim and assist you in any way we reasonably can to get your claim paid. Insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered. It is your responsibility to know your individual policy and to verify all benefits and coverage information prior to having services rendered. Your insurance policy is a contract between you and your insurance company. The patient is responsible for any non-covered charges. Please provide a copy of your insurance card at every visit and notify us of any changes to your insurance plan.

**Co-payments:** All co-payments must be paid at the time of service as required by your insurance contract. **If you are unable to pay your co-payment at check-in, a \$10.00 late fee will be added to your statement if payment is not received within 48 hours of the date of service.** We accept cash, personal checks, and all major credit cards. If your child has an outstanding balance, please be sure whoever accompanies the patient to the visit is prepared to pay the balance. According to AMA guidelines, when a patient presents for a periodic health exam with concerns that require evaluation beyond the scope of a routine check-up, the coding must be adjusted to reflect the additional services performed. These services are subject to a co-pay.

**Billing Statements:** We will provide you with an itemized statement each month when there is a balance due. If your address changes, you are responsible for notifying us. Payment is due upon receipt of the statement. Please contact our office as soon as possible should you have any questions. Any charges unpaid 60 days after the first bill are considered past due. In this case, our billing office will make every effort to contact the person responsible for the delinquent balance and arrange a payment schedule.

**Payment plan:** We realize you may have financial problems at times, making immediate payment difficult. Please feel free to discuss this with us and we can set up a payment plan with a valid credit card. One third of the total balance is due the first day of the payment plan. We require that a valid credit/debit card be kept on file with our office. We will run this on an agreed date each month. Any payment plan obligations not met will be turned over to collections. Payment plans are intended to help bring past-due amounts current. All co-pays are required at the time of service and will not be added to your payment plan.

**Collections:** Any charges remaining unpaid for more than 90 days from the date a balance is generated are considered delinquent and will be sent to a collection agency. In this situation, you will be responsible for the fee charged by the collection agency in addition to the amount owed. If your account is sent to collections, we will no longer provide healthcare services to your child. We will continue to provide 30 days of emergent care while you find another physician.

**Self-pay:** We do everything we can to mitigate the expense of anyone who is uninsured. Baer Pediatrics provides a discount for self-pay patients. Payment is expected in full at the time of service for all charges.



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**Office Procedures:** Baer Pediatrics follows the recommendations of the American Academy of Pediatrics. Therefore, at specific ages, we provide age appropriate developmental screenings. Accordingly, we provide a variety of services in our office. It is your responsibility to know what services may or may not be covered by your insurance. Any service determined to not be covered by your plan will be your responsibility. We will send specimens to the in-network or preferred laboratory based upon the information you provided to our office. We are not liable for insurance billing and balances from outside reference labs.

**Divorce:** We recognize the difficulties involved in divorce. However, Baer Pediatrics will not intervene in any financial responsibility disputes between parents or other responsible parties. Please provide us with any legal documentation showing responsibility for payment. We expect payment from the parent accompanying the child to the appointment, unless the above documentation is provided.

**Missed appointments:** Cancellation is requested 24 hours prior to the appointment. This courtesy will allow others to be seen in a timely manner. **We reserve the right to charge a \$25 fee for missed or late cancelled appointments.** Excessive abuse may result in discharge from the practice.

**Newborns:** Please make sure to add your newborn to your insurance plan within 30 days of birth to ensure coverage.

**Returned checks:** There is a \$30.00 fee for all checks returned to us by your banking institution.

Our practice is committed to providing the best treatment for our patients. Please let us know if you have any questions or concerns. I have read and understand Baer Pediatrics' financial policy and I agree to its terms.

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Signature of responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of responsible party

Child(ren)'s Name(s): Please include first and last names.

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