

Office Policies

Thank you for choosing Pediatric Associates as your child's primary care provider! We are committed to providing top-notch healthcare for your children. At Pediatric Associates, we truly understand the tough decisions that parents face. Our dedicated physicians and staff are here to provide outstanding care, whether it's during times of acute illness, managing chronic conditions, or navigating the everyday milestones of growth and development. Your child's health and well-being are our top priorities, and we're here to support you every step of the way! Here are our office policies designed to guarantee the highest quality of care provided.

Insurance:

We're happy to inform you that we accept a variety of insurance plans, including Medicaid! If you happen not to be covered by one of our participating plans, we kindly ask that you provide full payment at each visit. Additionally, if you have a participating plan but don't have an up-to-date insurance card, we will need full payment until we can confirm your coverage. It's important to keep in mind that understanding your insurance benefits is your responsibility. If you have any questions about your coverage, please don't hesitate to contact your insurance company.

Proof of insurance:

We kindly ask that all patients bring proof of insurance when receiving services. If you're unable to provide the necessary insurance information in a timely manner, you may be responsible for the outstanding balance. Thank you for your understanding!

Credit Card on File:

Pediatric Associates has introduced a policy requiring a credit card on file for outstanding or overdue balances for services rendered. For more details, please consult our credit card on file policy.

Copays and Deductibles:

All co-pays and deductibles must be paid at the time of service using cash, credit card, HSA card, or check. Regarding deductibles, once your insurance provider has issued the EOB for the claim, the credit card on file will be charged if payment is not received within 30 days.

Return Check Fee:

If a personal check is returned or not honored by your bank, your account will incur a returned check fee of \$40.00.

Newborns:

Newborns are automatically covered under the mother's insurance policy for the first 30 days. It is important to reach out to your insurance company promptly to add your new child to your policy. Ensure your child is added by the time of their one-month visit, and be prepared to present the insurance information before or during that appointment.

Non-covered Services:

Please note that your insurance provider may not cover all the services your child receives during their visit with us. The providers at Pediatric Associates adhere to nationally recognized standards for both well and sick care. If any service is not covered by your insurance, you will be responsible for the associated charges.

Insurance coverage of well visit plus problem based visit.

Routine well visits might reveal new problems, concerns, or illnesses that need further evaluation or management beyond what is usually covered in a standard appointment. Additionally, if your child has complex chronic health care needs, your provider may devote considerable extra time to addressing these issues, which exceeds the scope of a typical well visit. In such cases, your insurance may be billed for a problem-based office visit alongside the well visit. While well visits may not require a co-pay or deductible, problem-based visits generally necessitate a co-pay or deductible, meaning you will be responsible for that charge.

Missed appointment & Late cancellations:

We maintain the right to impose charges for missed appointments and those canceled with less than 24 hours' notice. These fees will be billed directly to you, making it your responsibility. A charge of \$50.00 will apply for missed or late cancellations. If you are unable to attend your appointment, please reach out to our office as soon as possible to reschedule. Accumulating more than three missed appointments within a 12-month period may result in dismissal from our practice. For more details please consult our missed appointment policy.

Separated & Divorced Parents:

It is our policy to collect payment at the time services are rendered from the parent, guardian, or caretaker accompanying the child for the appointment. Payment is required at the time of service. For any inquiries, please consult our "Policy for Divorced or Separated Parents." <u>Divorce has no bearing on the responsibility for medical care as it affects third parties. Whoever brings the child is expected to pay the charges due for the service rendered that day. Pediatric Associates does not participate in payment disputes between parents.</u>

Payment Plans:

If you find yourself in a situation where immediate payment isn't possible, don't worry! Just reach out to our billing office to get prior approval for payment arrangements. We understand that circumstances can vary, so we offer flexible payment plans to help you meet your financial responsibilities.

Nonpayment and overdue balance:

All statements are payable immediately upon receipt. If your account is more than 90 days overdue, you will receive a notification indicating that you have 30 days to settle your account in full. Partial payments will not be accepted unless previously arranged. Please note that any outstanding balance may be referred to a collections agency. For further details, please refer to the Nonpayment and Overdue Balance policy.

PATIENT DISCHARGE POLICY:

At Pediatric Associates, we are dedicated to creating a nurturing environment where both our patients and employees can flourish and feel happy. We work diligently every day to ensure that our office remains a welcoming place for everyone. To support this, we've developed our Office Policies with care, as adhering to these guidelines is crucial for maintaining a positive experience. It's important for everyone to read and fully understand these policies.

While we strive to meet the needs of all our patients, we recognize that there may be circumstances where we cannot do so. Therefore, we reserve the right to discharge a patient from our practice for not following our policies or for any of the following reasons:

	Frequent no-shows, last minute or "retroactive" cancellations
ō	Failure to continue vaccinating child with AAP Recommended Immunizations
$\bar{\Box}$	Falsifying insurance or health information
$\bar{\Box}$	Repeated abuse of office policies
Ō	Past due accounts when the patient's family does not make a good faith effort to make payment or
	contact us for payment plan
	Disruptive behavior that upsets or terrorizes other patients in the clinic
	Destructive behavior that damages clinic property
	Use of profanity
	Habitual disregard of an advised plan of care
	Habitual failure to return emails or phone calls, or otherwise making it difficult to communicate about
	the health and well-being of your child
	Misuse—or the suspicion of misuse—of prescription medications
	Forging of clinic documents, e.g., school notes