

Woodstock Pediatric Medicine--Financial Policies

Woodstock Pediatric Medicine's (WPM) billing policies and a representative list of potential fees and charges are outlined below. This information is to ensure you are better informed at the time of service, and prior to the arrival of a billing statement. Please speak with the practice or billing manager if you have any questions regarding this information.

- **CO-PAYS:** It is our policy to collect your insurance co-pay at check-in. This simplifies the office process and ensures the financial obligation is met at the time of service.

- **CO-INSURANCE/DEDUCTIBLES:** It is your responsibility to pay any deductible, co-pay, co-insurance or any other balance not paid by your insurance. If this balance is not paid, we reserve the right to assign a collection agency and/or suit and the prevailing party would be responsible for any attorney's fees and cost of collections.

- **BILLING:** As a courtesy, WPM bills your health insurance provider on your behalf.
 - o **ID Card:** It is critical that the most current insurance ID card is brought to every appointment. We must have the correct information at the time of service or charges will be denied by your carrier.
 - o **Auto:** We do not bill auto insurance for visits and medical care related to an auto accident. Payment will be required at the time of service. We will provide any necessary paperwork for them upon request.
 - o **Secondary insurance:** We will bill secondary insurance/secondary insurance governmental plans on your behalf. It is your responsibility to provide us with all secondary insurance information.
 - o **Combined visits:** If you are scheduled for a well child exam, and other health concerns are brought up that would typically require a sick visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly.

• **ADMINISTRATIVE FEES:** WPM may charge fees for the following administrative tasks:

- o Copies of medical records (see "Medical Records Copy Policy" for fee amounts)
- o **Walk-In Fee:** A charge of **\$25.00** will be assessed if patient is seen without a scheduled appointment.
- o Special request physician letters**\$20.00**
- o Returned check fee (insufficient funds)**\$25.00**
- o **Appointment No-Show Fee:** the patient account will be assessed a "No-Show Fee" if you do not show up for a scheduled appointment**\$25.00**

WELL VISITS: As a courtesy, WPM provides telephone reminders for well visits, but this service is not always available. Our office must be notified at least 24 hours in advance, during business hours, if you intend to cancel an appointment.

SICK VISITS: Our office must be notified at least 4 hours in advance for cancellation of a same-day appointment.

Our answering service does not accept appointment cancellations.

- **RESPONSIBILITY FOR PAYMENT:** WPM recognizes that it can be necessary for an extended family member to bring a child in for a visit with the pediatrician.
 - o Payment due at the time of service (including co-pay, co-insurance, or deductible) will be the responsibility of the person bringing your child for an appointment.
 - o Payment for outstanding balances on a patient's account will be the responsibility of the parent or guardian who signed the current year Patient Registration Form.

HMO plans and PPO plans REQUIRE that you call your insurance carrier today (or prior to today) and have your PCP officially changed to Woodstock Pediatric Medicine or to one of the practicing physicians in our group. This will allow charges to be covered by your insurance plan.

Receipt of Notice of Financial Policies

I have received a copy of Woodstock Pediatric Medicine's Financial Policies statement. I agree to abide by them and assign insurance payments to Woodstock Pediatric Medicine.

Signature of Patient/Guardian_____ Date_____