

Suburban Pediatric Associates, Inc**Patient Information and Financial Policies: 2019****FOR ALL APPOINTMENTS**

PLEASE ARRIVE 15 MINUTES EARLY

PLEASE BRING A FORM OF IDENTIFICATION, A CURRENT INSURANCE CARD AND A FORM OF PAYMENT

APPOINTMENTS:

We set aside time for your child to be treated by our Providers. We value both your time and our staff time, so please review the following guidelines for Appointments.

- 1) We do not double book appointments. If you need to cancel, please contact the office within 24 hours. There is a \$25.00 charge for appointments cancelled within 24 hours. This charge is not covered by insurance and is the responsibility of the parent/guardian. _____ Initial
- 2) If you miss an appointment, you will be charged \$50.00. _____ Initial
- 3) Three missed appointments could result in dismissal from the Practice.
- 4) If you are more than 10 minutes late for your appointment, we will attempt to accommodate you. This may include a later time with your Provider of choice, a different Provider and/or even a different location. If this cannot be done, you will be rescheduled at your earliest convenience.
- 5) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 6) Before making an annual physical appointment, please check with your insurance company to ensure it will be covered.
- 7) At the time of your appointment you will be required to present a form of Identification and your current Insurance Card. You will be required to do this at each appointment. If you do not have a current Insurance Card, you can pay for the services rendered, in full, at time of the service or you may choose to reschedule.
- 8) If you request a second appointment, at the time of service, for another child, you will be charged for that appointment. If the Provider is busy, we will accommodate that request as is allowed by our schedule. This may mean a later time than your scheduled appointment, a different Provider or a different location.
- 9) If your child has not been seen in three years, your child will be scheduled as a New Patient and the associated charges will be billed to your insurance company.
- 10) We do see patients who walk in for service. You will be placed in the schedule based on the severity of the medical condition, the availability of Providers and the time required for the treatment of the medical condition. While we offer this service, to ensure minimal wait time, please call to schedule your appointment.

PREVENTIVE CARE

We follow the American Academy of Pediatrics schedule of visits for routine well child care. This schedule may not be the same as the one your insurance company follows. Additional services (listed below) are separate charges from the wellness exam and have separate fees. This is not an exclusive list of charges and other charges may apply.

Vision Screens; Hearing Screens; Urinalysis; Developmental Screenings (MCHAT) and Immunizations

PREVENTIVE WELL VISIT vs. OFFICE/PROBLEM VISIT

At first glance, a physical and an office visit may seem like the same thing, but there is a significant difference between the two. It's important to understand the difference between the two because it may affect your costs.

PREVENTIVE PHYSICAL

- A thorough review of your general health and well-being.
- These are your Preventive or Well Checks that are performed during your child's growth and development.
- Your provider or practitioner will perform a complete physical exam and make recommendations regarding your general health that usually focus around diet, exercise or disease screenings.

OFFICE VISIT

- An appointment to discuss specific, new or existing health problems.
- Your provider or practitioner may then prescribe medication, order additional tests like lab work or X-rays, refer you to a specialist or discuss other treatment options.

CAN ONE APPOINTMENT BE CONSIDERED BOTH A PHYSICAL AND AN OFFICE VISIT?

No, even though the provider may perform both services during the same appointment, these are billed as two distinct services: there will be a charge for the preventive physical and a separate charge for the problem portion of the visit. If your preventive physical includes consultation or treatment for a specific condition, your provider is legally required to report additional medical services on your bill. The problem portion of the visit may result in additional costs to you.

WHY IT IS BILLED DIFFERENTLY?

It is billed differently to account for the additional work, expertise and time required for a combination visit (additional lab work, x-ray, referrals and/or prescription medications). It involves additional documentation as well. For example, think about taking your vehicle in for an oil change (routine maintenance), and mentioning to the mechanic that your brakes are squeaking, and your windshield wipers are not working well. In addition to the oil change, you might require additional brake work if a problem was found, and replacement windshield wipers. Since additional services were provided, you would be charged more than just for the oil change.

WHAT IS THE POLICY OF SUBURBAN PEDIATRIC ASSOCIATES?

Your Provider will treat any problem that is present at your Well Child exam. You will be notified that they have treated the problem and are assessing the appropriate CPT Code (99211-99215). Per CPT coding rules the well child visit code applies only to preventative medical care but does not include any issues related to chronic diseases or acute illness. Insurance companies process these claims according to their policy guidelines and the patient may have a balance due for the unrelated office visit. If your child comes in for a well-child visit, but in the course of the routine visit “an abnormality is encountered, or a preexisting condition is addressed” the appropriate office E/M service will be coded in addition to the preventative code. Examples of this would be patients with asthma and ADD/ADHD coming in for a well-child exam.

_____ Initial

NEWBORN

Newborn coverage is not automatic! Most insurance plans only allow 30 days after the baby’s birth to add your newborn to the policy. Please call your benefits department or your insurance company to add your baby to the policy right away. The **first** visit in our office is scheduled during the first week and is considered a “feeding/jaundice check” and is not billed as a well-child check. The first checkup in the office is at 2 weeks of age.

SCHOOL PHYSICALS AND FORMS

Back to school time is a busy time for parents. It is also a busy time for Suburban Pediatric Associates. Please call to schedule your school physical, sports physical as soon as possible, as we fill our schedule quickly during this time period. Also, please ensure to bring in any forms required for school or sports as soon as possible. During the beginning of school, we cannot complete any form on the day it is presented.

If you need immunization information for your school or day care, please note that this requires 2-3 business days to complete. _____ Initial

PRESCRIPTIONS

If a patient is on any medication that is considered “controlled” by the State of Ohio, that patient must be seen by a Provider, either in person or by Telemedicine, every three months. If that patient is not seen, the prescription will not be refilled until that patient is seen.

Please note that your Prescription may not be refilled by the on-call Provider. New prescriptions are not filled by the on-call Provider. _____ Initial

For any prescription refill, please contact your Pharmacy. We will be contacted by your Pharmacy for your refill. If for any reason, your prescription cannot be refilled, you will be notified. You may need to make an appointment in order to receive the refill.

We require 2-3 business days to complete any Prescription Refill.

If your prescription requires a prior authorization, it is the right of Suburban Pediatric Associates to work with your Pharmacy or Insurance company to find an alternative that does not require a prior authorization. All prior authorizations for medications can take 3-5 business days to complete. _____ **Initial**

REFERRALS

Suburban Pediatric Associates requires 1-2 business days for any referrals. Once the referral is complete, you will be notified.

INSURANCE AND PAYMENTS

In order to obtain reimbursement for services provided to my child by Suburban Pediatric Associates, Inc., I authorize disclosure of my child's record for treatment, payment, and healthcare operations. If my primary care physician is a participating provider in my insurance plan, I hereby assign medical benefits due be paid directly to **Suburban Pediatric Associates, Inc.**

I understand that I am financially responsible for any unpaid balances for services if I fail to provide complete and current insurance information within 60 days of the date services are provided. If no Secondary Insurance information is provided, I attest and affirm that I have no other insurance other than that listed as Primary Insurance.

I understand that if my child's account becomes past due, SPA will take necessary steps to collect the debt, including referring my account to an outside collection agency.

Payment in full is expected at time of service if you do not have a contract agreement with an insurance company and/or we are considered out of network providers. If you have any questions regarding our network status with your insurance company, please contact your insurance company.

Copayments and/or any non-covered service amounts are due at the time of service regardless of who brings the child to the appointment. There is an additional \$15.00 fee if co-payments are not paid on the day the service is provided.

Our office accepts Visa, MasterCard, Discover and American Express. You will receive a bill for any "patient responsibility" and/or an explanation of benefits from your insurance carrier regarding your responsibility.

Payment plans - We recognize that there are times when you cannot pay your balance in full within the 30-day period. We offer payment arrangements for special circumstances. Please contact our Billing Office at (513) 336-6700 to set up a payment plan contract.

There is an additional charge billed to your insurance company for Sunday visits and walk in appointments.

DIVORCED PARENTS

In the case of a divorce, we will bill the parent/guardian who signs the Financial Policy and Registration Form. We will not bill or split bill the parents at any time. The parents are responsible to follow the ruling of their divorce decree. Suburban Pediatric Associates is not party to any Divorce Decree.

The parent/guardian who brings in the child for their appointment is responsible for any co-payments due at the time of service.

FORMS

We understand that schools, day care, sports, etc. require forms completed by the child's Provider. We are happy to do these forms. At your first appointment of the fiscal year, an Automatic Form Fee will be added to your bill. This is a fee we require to do any type of forms, except for FMLA, during the fiscal year. If you bring in forms to be completed and you have not yet paid your Form Fee, that will be collected at the time you drop off the forms. _____ Initial

- 1) Types of Forms and Time of Completion (Business Days includes Monday through Friday)
 - a. Sports Physical: 3-5 Business Days
 - b. Rx for School: 3-5 Business Days
 - c. Daycare: 3-5 Business Days
 - d. Work Permit: 3-5 Business Days
 - e. Camp: 3-5 Business Days
 - f. FMLA: 7-10 Business Days
 - g. SSA-Disability: 7-10 Business Days
- 2) If the child has not been seen recently, you may be required to make an appointment for completion of the form.
- 3) Once the form is completed you will be contacted to come to the office location of your choice to pick up the form.
- 4) There are fees for forms that must be paid prior to the completion of the form. Insurance does not cover this expense.
 - a. FMLA: \$25.00 Per Page

MEDICAL RECORDS

Suburban Pediatrics requires 30 days to accommodate any Medical Records Request. All requests must be in writing. For your convenience, the Medical Release Form is found on our website, www.suburbandocs.com.

If the request is made by the patient or patient's representative, costs determined by Ohio Revised Code 3701.741 will be applied. This charge must be paid prior to any medical records being delivered.

For Continuity of Care, there is no charge for a transfer of Medical Records to another Medical Provider.

UTILITY FORMS

A form for hardship for any electric company will be completed once between the months of January to December. The only exception to this rule is a diagnosis that requires electricity for life saving measures.

PARENT/GUARDIAN ACKNOWLEDGMENT AND SIGNATURE

I have read this Patient Information and Financial Policy and understand I am ultimately responsible for the charges incurred. This is an agreement between **Suburban Pediatric Associates, Inc.** and me, the patient or patient representative. By executing this agreement, I agree to pay for all services rendered.

My signature indicates that I have initialed all sections in this policy. _____ **Initial**

Patient Name _____

Legal Parent/Guardian _____

Today's Date _____