

# OFFICE POLICY & FINANCIAL AGREEMENT

Thank you for choosing Northwest Pediatric Care, we want to make your experience is a positive experience.

Due to the complexity of insurance, we feel that we can no longer assume that patients fully understand the relationship between the insurance company, the physician, and their personal insurance policy. To define these matters more clearly, we have developed a set of guidelines regarding office policy, financial responsibility, and general office information. If you have any questions, please ask an office staff member for assistance.

### HOURS OF OPERATION/PHONE HOURS

Office Hours: Monday and Wednesday: 8:30 a.m. - 6:00 p.m.

Tuesday and Thursday: 8:30 a.m. - 5:00 p.m.

Friday 8:30 a.m. - 3:00 p.m.

Select Saturdays: 8:00 a.m. to 1:00 p.m.

Office and Phones Close for Lunch 12:30 p.m. – 1:30 p.m.

It is a good idea that if you are planning on scheduling a Saturday appointment, be sure that you are prepared to come to your appointment prior to scheduling. These appointments are scheduled in time sequence and are given out in 10-minute increments. Being prepared for your appointment allows us to accommodate as many sick appointments as needed in a short period of time.

Please note that in the event of the office closing during regular business hours for any reason (holidays, inclement weather, emergent issues, etc.) there will be a recording on the phone in the place of our regular office recording. If you reach this message it is safe to assume that we are not in the office. We will also post these announcements on our website and Facebook page. Please do not leave any urgent messages on the machines as they will not be checked until the next open business day.

#### **EMERGENCIES:**

Call 911 or go directly to the closest emergency room. The emergency room will contact your physician.

#### **APPOINTMENTS:**

Appointments are scheduled to accommodate the physician's schedule so that they may provide the best care for their patient. We recommend that you schedule Well Visits, Sports Physicals, ADHD and ADD Reviews and Consults two months in advance as they do book rather quickly. Same day sick visits are given on a first come first serve basis.

# **REMOTE CHECK-IN REQUIRED:**

Prior to appointments you will be sent a remote check-in link to the cell phone number you have on file. It is *required* that you complete the check-in link prior to any visit. Please be sure that Northwest Pediatric Care always has your cell phone number to help facilitate the process.

### **WELL VISITS NOTICES:**

During your child's well visits for preventative care, you may be asked to complete certain screening questionnaires. We use these items to help us assess both development and health exposures during your child's growth. We feel strongly that these are necessary and important to your child's overall well-being, and we follow the guidelines for preventive health screening as set forth by the American Academy of Pediatrics, and the Georgia State Board of Health. We will submit to your insurance for these services, if your insurance does not cover these services, you will be responsible for the balance. Please feel free to discussthis with your provider and please feel free to contact your insurance carrier to inquire about coverage. Additionally, your provider can help you understand what these screenings are for and when they are most important for your child.

Please be advised that a Well Visit is considered your annual physical, and is not a visit to diagnose and/or treat other issues that are new or chronic in nature; rather you will need a separate office visit to assess these concerns. Your provider may elect to conduct a Well Visit and an Office Visit at the same time of service and you will incur additional fees such as co-pays, deductibles, co-insurance etc., for these services.

### LATENESS, CANCELLATIONS & NO SHOWS:

If you are more than 15 minutes late for your Well Visit or Consult appointment, we reserve the right to reschedule the appointment. If you are more than 20 minutes late for your Sick Visit, you will forfeit your scheduled appointment time, and will be rescheduled for the next available open appointment time. Well Visits, ADHD, and ADD Reviews, Sports Physicals, and Consults require no less than 24 hours' notice of cancellation. Patients who no show for a double visit will be restricted from scheduling double appointments in the future. We will charge you, not your insurance company, a No Show/Cancellation Fee if you either miss your appointment or do not allow the amount of time required for canceling the appointment. The fees for missed appointments are as follows:

**No Show Fees:** Well Visit: \$50 fee. Consult: \$50 fee. Sick, Follow-up, or Same Day Visit: \$50. In the event of three No Shows, you will be dismissed from our practice. Patients with a Managed Care Plan through the State of Georgia or Medicaid Insurance will be reported for excessive No Show's.

#### PRESCRIPTIONS:

Northwest Pediatric Care processes prescription refills on weekdays only. We do not process prescription requests on weekends. When requesting refills, your chart must be reviewed by your provider before a prescription can be filled. Our office requires three business days to process a prescription request. Prescriptions may be requested over the phone or online at our website via the patient portal at <a href="www.nwpediatriccare.com">www.nwpediatriccare.com</a>. If your child is on a medication that is refilled on a monthly basis, please plan accordingly when requesting prescriptions. Controlled substances can be sent to the pharmacy electronically. Same day or rush prescriptions for routine medication refills are available for an expeditedfee of \$10.

### **FORMS:**

School, Daycare, Sports Physical and other forms require three business days to complete unless presented at the time of a well child visit. Forms dropped off, except during well child visits, require a \$10 processing fee. For rush or same day turnaround of forms, there is an additional rush fee of \$10 (for a total of \$20). We do not mail forms. A \$25.00 per-form processing fee will apply for any forms for inactive patients, patients that are not up to date on the services listed above, patients without a portal account, or any form requested outside of a patient visit. Form fees must be paid in advance. We will not accept or complete any form prior to receiving payment.

#### **REFERRALS:**

If you require a referral to see a specialist, you must first schedule your appointment, before a referral can be issued. Our office requires five business days to process a referral. You may go to our website <a href="https://www.nwpediatriccare.com">www.nwpediatriccare.com</a> to request referrals or you may phone a request to the office referral line. Please leave all pertinent information for the referral to be processed. You referral will be faxed to the specialist once it has been processed. Referral requests are only honored prior to the patient's appointments. We will not backdate referrals. We are under legal obligation to all insurance companies to process referralsaccording to Georgia State Law.

# **QUESTIONS FOR THE DOCTOR:**

If you have a question about your child, you may send a message via the Patient Portal (non-urgent matters) www.nwpediatriccare.com or call the office and leave a message for your provider. In the event an urgent matter, call 678) 889-0487 and relay the message to the front desk staff so that it may be handled in a timely and appropriate manner.

You may also use the Patient Portal via <u>www.nwpediatriccare.com</u> to access your provider for patient questions that are not of an urgent matter.

### INSURANCE, DEDUCTIBLES, CO-INSURANCE & CO-PAYS:

Northwest Pediatric Care currently participates with most insurance companies. Please check with the staff to verify our participation in your insurance plan. You must have your Primary Care Physician (PCP) selected on your child's insurance cared at this location for your child to be see on any date of service. You must present your most recent insurance card at each visit to verify the correct information.

- A. Two Commercial Insurances-the primary insurance will be determined by the birthday rule. Whichever parent's birth month comes first in the calendar year will be the primary policy except for the plans listed below:
  - I. State Insurance with Commercial Insurance-State Insurance is always secondary.
  - II. Military and Commercial Insurance-Military Insurance is always secondary.
  - III. State Insurance and Military Insurance-State Insurance is always secondary.
- B. See our Coordination of Benefits Section (C.O.B.) below for pertinent information regarding two policies.

Depending on your insurance plan, you may have a co-pay, co-insurance and/or a deductible due at the time of your visit (some plans have a combination of two or three of the aforementioned items). A Co-pay is a set dollar amount that you owe at the time of each visit. A Co-insurance is an amount required by some insurance carriers that are above the deductible and co-pay amounts. A Deductible is a set amount that you owe before your insurance begins paying towards your services. Co-pays are due at the time of service. If you refuse topay your co-pay at that time, you may be denied care for that date of service. Any co-pays that are unpaid atthe time of service due to the inability or referral to pay for any reason are subject to an additional fee. As a courtesy, you will have until 4:00 p.m. on the same date of service to furnish payment or be charged an additional surcharge of \$15 per unpaid co-pay. Please ask the front desk for more details. Any balances that you may have incurred from prior or present dates of service will be collected when you visit our office.

#### **CO-PAY POLICY:**

All scheduled office visits will require a co-pay to be paid at the time of service. This includes Sick Visits, Consults, Pre-op Visits, Delayed or Catch-up Vaccine Visits and any other regularly scheduled Office Visit. The only exception is the annual Well Child Visit. Flu shots, 2nd dose Hepatitis A, and 2, and 3rd dose Gardasil Visits are considered clinic visits, and will not require a co-pay at the time of service.

# **COORDINATION OF BENEFITS (C.O.B.):**

Coordinating your benefits helps your insurance company process your claims faster and maximizes your benefits, which can lower your out-of-pocket costs. It's important that you keep your information up to date. Your insurance company will send you a letter from time to time asking if you have any additional coverage. Please respond to that letter. If your insurance company does not receive your response within 45 days, they start rejecting your claims. As a courtesy, Northwest Pediatric Care will submit claims to your insurance company on your behalf. In the event that your coordination of benefits form has not been submitted and/or processed and your claim has been rejected, you will be responsible for payment of the claim to Northwest Pediatric Care and we will provide you with the necessary documentation for you to submit to your insurance for reimbursement.

#### **SELF PAY PATIENTS:**

Effective January 1, 2023, the No Surprises Act protects uninsured and self-pay patients from many unexpected high medical bills. For any patient without current active insurance, non-participating insurance plan or a lapse in coverage, we are happy to see your child for a visit. You have the right to ask for fees prior to your child's visit. All self-pay patients will be placed on a discounted sliding fee schedule. For the patient or receive the discounted sliding fee schedule rates, payment for services must be paid in full at the time of service. If you have a question about the discounted sliding fee schedule, you may contact the office.

We are happy to provide you with a detailed billing summary for submission to your insurance company if non-participation or lapsed in coverage has deem your child/ren a self-pay patient on the date of service.

#### **NEWBORNS:**

Congratulations on the birth of your newborn baby! Listed below is important information regarding insurance coverage. It is extremely important that you notify the insurance company immediately following the birth of your child to initiate the process of enrollment. Your visits during the first 30 days will be billedas a Self-Pay/Temporarily Held Claim while we are waiting for your insurance to add the new baby to the existing policy. If our office is not able to verify insurance coverage with the insurance company after your child's 31st day of life, then we must assume that your child is uninsured and the visit will become patient responsibility in addition to all previous visits on our Sliding Fee Schedule. Once you have obtained the new insurance information from the insurance carrier, please notify our billing department so that we may retroactively submit your claims for processing.

### **Common Issues You Should Be Aware Of:**

- 1. Make sure that the insurance policy is effective on the Date of Birth, NOT Date of enrollment.
- 2. Make sure the following is correctly indicated and documented when adding the baby to the policy, Name (spelled correct), Sex of the baby, Date of Birth, Birth Certificate (insurance will require a copy of the temporary birth certificate).
- 3. Primary Care Physician is correctly selected.
- 4. <u>If patient has more than one insurance see below for the following instruction:</u>
  - A. Two Commercial Insurances-the primary insurance will be determined by the birthday rule. Whichever parent's birthday month comes first in the calendar year will be the primary policy except for the plans listed below:
    - I. State Insurance with Commercial Insurance-State Insurance is always secondary.
    - II. Military and Commercial Insurance-Military Insurance is always secondary.
    - III. State Insurance and Military Insurance-State is always secondary.
  - B. See our Coordination of Benefits Section above for pertinent information regarding two policies.

### **ACCOUNT BALANCES:**

Account balances may consist of any unpaid co-pays, deductibles, co-insurances or any balance that the insurance policy did not cover for a date of service. Balances are expected to be paid in full at the time of service. If you cannot afford your entire balance, you can pay 20% of the total balance and set up a payment plan for the remaining balance. You may also pay your balance online via the Patient Portal at <a href="https://www.nwpediatriccare.com">www.nwpediatriccare.com</a>.

# **COLLECTION EFFORTS:**

We will make every effort to work with you to make payment arrangements should your bill become outstanding. As a courtesy to you, we will file claims with your insurance carrier. You are ultimately responsible for the charges for the services provided to you. You will receive a monthly statement reflecting balances still outstanding from your insurance carrier for which you are responsible. If your account becomes outstanding, your payments must be regimented to clear your account within a six-monthperiod. If you do not meet your financial obligation, and you refuse to pay on your balance, we reserve the right to refuse care for all subsequent visits. I am aware that I am responsible for my bills in the event the insurance company denies any claims.

### **METHODS OF PAYMENT:**

For your convenience, we accept cash, personal checks, MasterCard and Visa. There is a \$35 fee for all returned checks. In the event of two returned checks, we will only accept cash or credit card.

### **MEDICAL RECORDS:**

In the event that you elect to transfer of care to another practitioner, you may submit a request for your medical records to be copied for a new provider. You must sign a Release of Records Authorization for the chart and pay a chart copy fee (inquire about fees as it fluctuates per Georgia State Law). We will copy the chart and notify when it is completed. You must sign for the records and transport them to the new provider. We will not mail medical records unless a self-addressed stamped envelope is provided to our office. We will not fax medical records.

I have read and understand the office policies and procedures and agree to adhere to the specific guidelines outlined above. I am aware that if I do not comply with the above stated guidelines, Northwest Pediatric Care reserves the right to terminate care.