

Panda Pediatrics PLLC

Financial Policy

We are dedicated to provide the best possible care and try to accommodate the needs and requests of our patients, we have enrolled in numerous insurance programs. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual benefits of the plans. Each one has different stipulations regarding how often services may be rendered and where those services may be performed. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated or which policy you have chosen to enroll in.

Please read the following information carefully. If you have any questions regarding our Financial policy, you may contact our front desk or billing department.

In-Network Issue: Before enrolling or purchasing new healthcare coverage, we strongly advise that you verify, with your **INSURANCE COMPANY**, that your healthcare providers are “in-network”. We file claims for insurance policies we have contracts with. If we are “out-of-network”, we still welcome you as a patient; however, you will be responsible for all charges incurred if your insurance refuses to pay.

Eligibility: We verify eligibility at every appointment; however, the information we receive is very basic. For detailed insurance benefits, please contact your insurance company directly. **ANY SERVICE RENDERED WILL BE THE RESPONSIBILITY OF THE PATIENT IF THE INSURANCE DOES NOT COVER THE SERVICE.**

Update Insurance Information timely: IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE. Many insurance plans have “timely filing deadlines”. If we are not provided with accurate information at the time of service, you are responsible for payment in full for all services rendered if your insurance declines to reimburse us.

Newborn Coverage: In order for your baby to have coverage, **you MUST NOTIFY YOUR INSURANCE WITHIN 30 days after the birth of the baby.** If you miss this deadline, the baby will not be covered until open enrollment with your employer. If this happens and you do not purchase an individual policy in which we are a contracted provider, you will be responsible for payment at the time of service. Some companies will automatically cover the baby for the first 30 days, even if you do not add the baby to the plan. Please contact your insurance company or Human Resources Dept. for a more detailed explanation about newborn (first 30 days) benefits

Copay and Due: All payments are due at the time of service; this includes any co-pay, co-ins, deductibles or private pay charges incurred. We do understand that there may be a time when paying for these services is not possible. In order to set up a payment arrangement, you will need to speak with our billing department BEFORE your appointment.

Not Covered Items: Please keep in mind that your insurance is a contract between you and the insurance company. Not all insurances cover all procedures. Listed below are some of the common services we offer **that may not be covered by insurance**, or that may be applied to your deductible instead of just co-pay.

Hearing/Vision Screening	Well-child exams that exceed Ins. Plan limitations, esp Aetna Plan
Sports Physical	Vaccines (Including refusal of vaccine resulting in waste)
Dental Fluoride Treatment	Developmental Screenings (M-CHAT, ASQ, PHQ)
Any sort of splints or casting	Cerumen (ear wax) removal Wart removal

Account Guarantor: In divorce situations, the parent who brings the child in is responsible for payment of copays and deductibles collected at the time of service. The parent who signs the financial agreement is the parent responsible for balances remaining on the account after insurance has paid. **WE ARE UNABLE TO NEGOTIATE SETTLEMENT OF YOUR MEDICAL BILLS BETWEEN YOU AND YOUR EX-SPOUSE.**

Patient Billing/Collections: We appreciate prompt payment of your account. If your account is past due and if a valid payment arrangement is not made or kept, your account will be sent to an OUTSIDE COLLECTION AGENCY and a 30% fee will be added to the account. In most cases, once sent to collections, the family is dismissed from the practice. To keep this from happening, please pay your bills upon receipt, or call to set up payment arrangements. We understand financial hardships may prevent you from paying your bill from time to time, but we cannot work with you if we don't hear from you. It is your responsibility to contact us about balances on your account.

Missed Appointments: Please remember that your appointment time is reserved just for you. We understand there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If your appointment is made for "same day" and you find yourself unable to keep it, please call to cancel within a minimum of three hours-notice in order for another child to be scheduled. If you do not call and you do not show up for your appointment, we will consider this a "no show" and you will be charged a cancellation or 'No Show' fee \$30. If this happens 3 times, the office may terminate the doctor-patient relationship.

I understand the Financial Policy of this office. Please initial each line below:

- _____ 1. The office expects payment (Copay, deductibles and non-covered services) at the time of service unless specific arrangements are made in advance with the billing department.
- _____ 2. I understand that it is my responsibility to know my child's insurance benefits and preventive ("well") services schedule limitations. Specifically, the number of visits allowed at each age and whether the schedule is based on a calendar year or every 365 days. I understand that well checks/and services scheduled too early or in excess of patient benefits will be patient responsibility.
- _____ 3. I understand that if my child is diagnosed with an illness while being examined for a well check, there will be two visits billed. One visit for the illness and the other for the well check. I understand that in this rare instance, a copay or deductible will apply and will be collected for the sick visit.
- _____ 4. I understand that payments collected at the time of the appointment are only ESTIMATES and that there is a possibility that I will receive a bill in the mail for additional charges or a credit to my account.
- _____ 5. I authorize the release of any medical or other information necessary to process my child's insurance claim. This includes the release of medical information to other doctors or insurance companies for referrals or continuing medical care. I authorize payment of medical benefits to Panda Pediatrics PLLC for services rendered.
- _____ 6. By signing below, I agree that I am responsible for balances remaining on the account

****Fees are subject to change without notice**

_____ (Parent Signature) _____ (Relationship to Child)

_____ (Parent Printed Name) _____ (Date)