



Office Financial Policy

Here at Memorial City Pediatrics, we are doing everything possible to hold down the cost of medical care. You, the parent, can help a great deal by eliminating the need for us to charge and/or bill you for any reason. The following is an explanation of our Financial Policy. Please be sure to read the entire passage.

Fees and Insurance Coverage

Payments of co-pays, deductibles and other patient portions are expected at check-in **before** any services are rendered. This includes any balances related to administrative fees due to missed appointments, late cancellation/rescheduling of appointments, and medical records. For your convenience, we accept cash, checks, Visa, MasterCard, Discover, and American Express. **There is a \$25 service charge for all returned checks.**

You must bring a valid insurance card to every visit. Your insurance will be verified prior to each visit and if we are unable to verify active coverage, any and all fees for your services will be collected **before** any services are rendered. Insurance claims are filed with the participating plans where a valid insurance card is provided. You must report any **insurance changes** to the office as soon as possible. Any information that is inaccurate, or received **after** the date of service may not be billable to the insurance carrier, and **may become the responsibility of the account guarantor.**

When adding a newborn to your insurance plan, please check with your Human Resources department about requirements of your particular plan. If your child's insurance coverage is not in place at your initial visit, payment will be collected **before** any services are rendered. Once you have received the child's insurance card, bring it with you to your next appointment.

Many insurance policies require prior approval or authorization for tests, procedures, specialist referral visits or hospital admissions. While we try to determine and meet these requirements, we ask for your assistance as well in order to ensure timely filing and payment of insurance claims. It is the responsibility of the policy holder to know and understand these requirements in order to avoid any costly penalties and denials by your insurance carrier.

Medical Records

Requests for medical records require a signed Medical Release Form stating the authorization of release from Memorial City Pediatrics to either the parent or the current Dr's office.

There is a \$10.00 administrative fee for each requested shot record.

Missed Appointments

Missed appointments and late cancellations/rescheduling represent a cost to us, to you and to the other patients who could have been seen in the time set aside for you. We require at least a **24 hour** notice for any cancellations or rescheduling of every appointment made. **Failure to cancel or reschedule 24 hours in advance may result in a \$25.00 administrative per appointment.**

Medicaid Policies and Information

If you are a recipient of Medicaid, you must adhere to the policies of the Medicaid Program. We at Memorial City Pediatrics will only accept Medicaid patients with a **valid, active recipient ID number**, which we will verify before any services are rendered, or with a valid Medicaid Card. Our staff has no access to Medicaid Recipient ID numbers, unless provided by the parent/legal guardian. If the Medicaid recipient ID number is returned to us as Inactive, Unknown, Missing, Invalid, or Not Found for any reason, any and all charges will be collected **before** any services are rendered.

If your child is a newborn, and the Medicaid recipient ID has not yet been processed, you will be unable to see the physician until the parent or guardian provides the temporary Medicaid billing number for the child. However any and all charges will be collected **before** any services are rendered, and **will not be reimbursed at a later date**. It is our policy at Memorial City Pediatrics that we do not accept Medicaid Pending or Medicaid for Pregnant Women (MPW).

If your Medicaid recipient ID number or Medicaid card has another Physician/Facility listed as the Primary Care Physician (PCP), then you, the parent/legal guardian, must call your case worker and request that your PCP be changed to Memorial City Pediatrics **for any future appointments**. We are **not allowed** to see your child until we receive the temporary Medicaid Identification number. The staff of Memorial City Pediatrics cannot make this change for you. The Medicaid Program will only accept requests for changes in the PCP from the parent/legal guardian. While another PCP is listed on your card, Memorial City Pediatrics has to seek authorization from that PCP in order to provide service. **If we are unable to obtain authorization for treatment from the listed Physician/Facility on the policy/card, any and all charges will be collected before any services are rendered.**

It is our policy at Memorial City Pediatrics that if your child has active Medicaid coverage and active private insurance coverage, **under no circumstances are we allowed to accept or bill to the Medicaid policy**. Co-pays and deductibles for the private insurance plan **are not covered** by the Medicaid Program and therefore will be collected **before** any services are rendered. Any claim denials from the Medicaid Program due to active private insurance coverage can prevent us from filing the medical claims to the private insurance in a timely manner, **and can become the responsibility of the account guarantor due to non-compliance** to the Medicaid Program and the private insurance policy.

The Medicaid Program does not cover any charges due to administrative fees. This includes the fees that are incurred due to late cancellation/rescheduling of an appointment, missing an appointment altogether, and print-outs of medical records. If you have any problems or questions related to the Medicaid Program Policies and Guidelines, you can call the Medicaid office at (800) 925-9126.

Delinquent Accounts

If a balance remains on your account beyond **60 days** following the date of services rendered, regardless of pending insurance payment, it is considered delinquent and the account guarantor will become responsible for payment of the entire remaining balance prior to scheduling any appointments, unless arrangements have been made with our Billing Manager.

If your account is delinquent beyond **90 days** following the date of services rendered, it will be turned over to a collection agency, and possible risk of reporting that to national credit bureaus, **all future appointments will be canceled and no further appointments will be scheduled until the balance of your account is paid in full.** In addition, the account guarantor will be responsible for any collection's and attorney's fees and any cost or expense associated therewith. You will be dismissed from the practice if your account is placed into collections. No further medical service of any kind will be given to anyone with an account placed into collections, including telephone advice.

If you are in need of assistance or have any questions regarding your fees, payments or statements, **please contact your insurance carrier first**, and then contact Memorial City Pediatrics and ask for the Billing Manager. **All questions related to billing will not be addressed by the physician during or after your appointment.** Your physician's role is to provide the best medical service possible and therefore, the full responsibility for billing concerns will be addressed with the Billing Manager **before** services are rendered. Should you have any comments or complaints regarding the Financial Policy or procedures that remain unresolved, please feel free to contact us.

Office Ethics Policy

It is our policy at Memorial City Pediatrics to provide all our patients with the best medical care in the most positive environment possible. Respect to the Office staff, other patients, and other family members is mandatory. Inappropriate language, rude, or disruptive behavior in the office or any family Dynamics, or non-compliance that negatively impacts the functionality to provide care may be subject for Discharge. If there are any questions or concerns, feel free to ask the front desk for clarification.

Thank you for taking the time to read our Office Policy.



Patient Name _____

Patient DOB _____

I have read the above office financial policy for Memorial City Pediatrics and I agree to the terms listed above.

Print Guarantor Name _____

Guarantor Signature _____ Date _____