

# **Liberty Sharonville Pediatrics**

## **Patient Financial Policies**

### **Introduction**

Welcome to Liberty Sharonville Pediatric's!

We look forward to providing the very best medical care for your family. We realize that medical insurance is complicated and that every insurance policy may vary. It is important that you understand your insurance contract and our policies.

### **Newborn Babies**

Newborn babies must be added to your insurance plan within 30 days of birth to ensure coverage. We will collect applicable copays, co-insurance, and deductible amounts for up to 2 months. You should receive your insurance card prior to the baby's 2 month well check. If you have not received your insurance card one week prior to your appointment, please contact your insurance and have them send you a card immediately. If we do not receive the insurance card prior to your 2 months' visit, payment must be made in full at the time services are rendered. If immunizations are given, we require payment prior to the administration of the vaccines.

### **Medical Insurance**

We require you to have your insurance card available at every visit. The information the insurance cards provide allows us to verify your coverage and provides us with all the information to file your claims. Without an insurance card your account will be considered a Self-Pay account and payment will be due at the time services are rendered. We are contracted with most insurance companies. It is your responsibility to make sure we are in network with your insurance plan, please call your insurance company and verify our participation. Some plans require a copay on every visit, others have deductibles and co-insurance. Fees are expected to be paid at the contracted rate at the time of the visit until verification that the deductible and or co-insurance amounts have been fully satisfied. For your convenience, we will file your claims for you. Claims are usually processed within 30 days. Our office will make every attempt to collect payment from your insurance company, but if all attempts fail, we will rely on you to contact your insurance company to get claims paid within a timely manner. If claims are 90 days old, you will be expected to pay the balance and if the insurance processes the claim, we will issue you a timely refund. Some plans have very limited coverage for basic services as well as important office services such as vision, hearing, and developmental screenings. Some diagnoses such as ADHD, Depression and Anxiety may have limited benefits under your medical insurance. It is important for you to know and understand your own insurance policy and your financial responsibility. If you receive a statement for a non-covered service, please contact your insurance company regarding your benefits. You will receive a monthly statement for open balances. All balances are

due in full once the statement has been issued. Please call our billing office with questions regarding your account and we will be more than happy to answer your questions. If you have any questions regarding coverage, please call your insurance company.

## **New Patients**

Prior to your first visit, we will need the following information:

- Medical records from previous physician.
- Current Insurance card
- All patient demographics (birthday, home address)
- Both parents/guardian full names, dates of birth, addresses, employer names and phone numbers, and social security numbers.
- Copy of Guardianship court documents if applicable.
- If the subscriber of the insurance is not a parent, we will need all the above information for the subscriber.
- Please arrive 15 minutes early prior to your first appointment so that we may process all information and verify if necessary.
- All forms must be completed before we proceed with your appointment. You can go online prior to your appointment to get all necessary forms and bring them with you. Our website is [Ispediatrics.com](http://Ispediatrics.com)

## **Method Of Payment**

We accept cash, personal checks, money orders, MasterCard, Visa and Discover. We do not accept travelers' checks.

## **Completion Of Forms**

Please allow 48 hours for the return of a completed form. If a patient requests the form to be mailed back to them, please provide a self-addressed stamped envelope for return. We cannot mail forms directly to a school or camps based on privacy laws. There is a \$15.00 prepaid fee for completion of an FMLA form. There is a \$10.00 prepaid fee for account analysis.

## **Copay Policy**

A \$10.00 surcharge will be added to accounts who fail to pay their copay at the time services were rendered.

## **Missed Appointments or Late Arrivals**

We reserve the right to charge a \$40.00 fee for a missed appointment. If you arrive 15 minutes late for your appointment, you may be asked to reschedule.

## **Returned Check Policy**

There is a \$35.00 charge (subject to change due to an increase in bank fees) applied to any returned check. Check writing privileges will be revoked the second time a check is returned unpaid from the bank. A copay surcharge of \$10.00 will also be applied if the check was for a copayment.

## **Administration Fees**

There will be a brief office visit charge applied to all services rendered solely by the nursing staff. This includes lab work, blood pressure checks, tuberculin tests, etc.

## **Telephone Charges**

There is a \$10.00 fee for patients to speak with a physician/professional after office hours or on weekends. This fee may or may not be a covered benefit under your insurance plan.

## **Saturday, After hours And Weekend Convenience Fees:**

\$20.00 convenience fee will be added to Saturday sick appointments only.

\$50.00 convenience fee will be added if seen by a physician after hours, holidays or weekends.

These fees may or may not be covered by your insurance company.

## **Well Care Visits with Additional Treatment:**

If you child is diagnosed and treated for an illness or problem that is separate from the preventative well-child care, an additional charge may apply. This additional charge may incur a copay or be applied to the deductible.

## **Medical Records Fees**

Basic records will be provided free of charge. This includes a copy of immunizations, growth chart and last physical exam. This should satisfy most physicians. Copy of the complete medical records: A prepaid fee of \$25.00 plus postage per record. A request by a third party such as Life Insurance, Auto Insurance and or any legal entity for copies of medical records will be charged in accordance with the Ohio House Bill 508. Once medical record transfers are complete then any other further request for medical records needs to be made to the new physician.

## **Bankruptcy**

We adhere to all Federal Bankruptcy Court decisions. Patients who file for Bankruptcy may be terminated from the practice.