

Centennial Pediatrics Financial Policy

Thank you for choosing Centennial Pediatrics for your child's medical care. We are committed to providing you and your child/children with the highest quality of care possible in the most economical way possible. As part of our relationship with you, we want you to have a clear understanding of our financial policy.

As you are probably aware, employers are selecting healthcare plans that have increasingly transferred costs to you (the insured). This is due to high deductible and larger coinsurance plans. Because of this, we need to implement certain payment policies to be able to continue to provide the best care possible for your child/children.

Items to bring to each appointment:

- Insurance Card
- Method of Payment

Insurance

- We are contracted with several different plans including PPO's and HMO's. As a courtesy, we will file the medical claim directly to the insurance plan.
- Please make us aware of any changes to your insurance. If you fail to do so, the balance will be your responsibility. We are obligated to file claims within a certain timeframe. We will not be held accountable if you fail to give us updated insurance information at the time of visit.
- If your insurance denies the claim because they need additional information from the member, please help us by providing the information to the insurance company as soon as possible. If the claim continues to deny because the information was not received, the full balance will become your responsibility.
- **It is always best to contact your insurance company to ensure we are participating with your plan and services will be covered.**

Credit Card Authorization Forms

Centennial Pediatrics accepts MasterCard and Visa. A credit card must be kept on file. By providing Centennial Pediatrics with specific credit card information, we will not have to telephone you when a co-payment was not received at the time of service. Credit Card information on file can also be used to pay your remaining balance after your insurance company has processed your claim.

Healthcare Reform

Healthcare Reform has created several new Plans/Names and continue to add additional plans. Due to the increase, it is difficult for our office to keep up with all of the new plans formed. Until further notice, the only plans that we are participating with through the Healthcare Reform is Molina & BCBS HMO Advantage.

Listed below are plans we are certain we do not participate in. There could be additional plans that we are not participating with; therefore, it is the responsibility of the patient/parent to contact their insurance company to ensure we are in network.

- Aetna EPO(Bronze, Silver, Gold)
- Amerigroup
- Ambetter
- Cigna Focus
- Cigna Health Flex
- Cigna-mycigna health savings
- Chips
- Medicare
- Medicaid

Co-Payment and other fees

- **Effective Sept 1, 2014, we will no longer accept personal checks**
- **Copays-** As participating providers with your insurance plan, it is required to collect your copayment on the date of service. If payment is not received at the time of visit, you must call in and make payment prior to the end of day. If we do not receive payment by the end of the day, a \$10 late fee will be applied.
- **Uninsured-**If you have no insurance coverage, payment is due at the time services are rendered. **A credit card will need to be kept on file.**
- **After Hour Calls- As of Feb. 1st, 2019 a \$17.00 fee** will be incurred per patient per call for any After Hours calls placed to the Answering Service after 5pm during the Weekday and All Day Saturday and Sunday.
- **No Show Fee-**Failure to cancel your appointment **within 24 hour notice will result in a \$50.00 charge**
- **Same day No show or 10 mins late for appointment and are unable to see another provider -** Will result in a \$25 fee.
- **Nurse Visit-** A \$20.00 charge will be incurred for nurse visits
- **Forms-** A \$10 charge will be incurred for all forms and letters that require more than a signature. These are often lengthy and take extra time to be completed. Please allow up to 4 business days for these to be completed.
- **Late Fee-**If payment is not received in a timely manner, your account will be billed a \$25 late fee per monthly billing cycle. After three (3) billing cycles your account will be turned over to a collection agency and you will be responsible for all service fees.
- **Returned Checked-** \$35 will be charged for any checks that are returned NSF.
- As the guarantor, you are responsible for all remaining balances after the insurance has paid. This includes coinsurance, deductibles, and non-covered services.
- **Payments on any outstanding patient balances are due at time of visit.**
- If the patient is a minor (anyone under the age of 18) a parent or legal guardian must be in attendance to give consent for treatment and be the responsible guarantor.
- **In a divorce situation, the parent who brings the dependent child to our office is responsible for payment. Insurance may be filed, but the parent**

in attendance will be responsible for any copayment or outstanding balances.

Past Due Accounts

Statements are mailed out on a monthly basis. An account becomes delinquent after 2 statements have been sent out and no payment has been received. A \$25 late fee will be added to the account. Payment will need to be made on the account prior to making a well visit appointment.

If no payment has been made on an account after 4 billing cycles, the account will be turned over to collections and you will be discharged from the practice. A certified letter will be sent to you and you will have 30 days to find another pediatrician.

We will work with you to make payment arrangements and set up a payment plan if necessary.

Sincerely,
Centennial Pediatrics