



# Woburn & North Andover

## pediatric associates & psychological services

### Financial Policy

Thank you for choosing Woburn Pediatric Associates. We are committed to providing you with the best possible care.

#### RESPONSIBILITY FOR THE BILL

It is the expectation that all the patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While the practice will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the practice in effect at the time of the appointment.

#### COPAYS AND HEALTHCARE LAWS

The healthcare law states that patients will no longer have to pay a copay for routine physical exams. Some insurance plans are “grandfathered in”, which means a copay is still required for routine physical exam visits. If your insurance plan requires you to pay a coinsurance or a deductible, you may be billed for this balance. However, copays and deductibles are still required for other services. If your provider addresses a specific health issue beyond the routine physical exam, **there will be an additional charge added to the physical exam visit charge for the treatment of the illness, and you will be responsible for the copay portion of that visit. A routine physical exam does not include a medical problem that is happening now.**

#### ACCEPTANCE OF INSURANCE

We cannot bill your insurance company unless you give us your insurance information (copy of card). Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

If you do not have insurance that we participate with, you will be considered a self-pay patient, and full payment is expected at the time of service. A

good faith estimate can be provided but this is only an estimate.

Our office cannot always tell you in advance whether our charges will be covered by your insurance plan. Each insurance company has multiple plans that vary with employer group contracts. Please be familiar with your own plan, including types of coverage for different visits and restrictions on x-ray, laboratories, and emergency rooms. While our staff is trained to assist you with your insurance questions, coverage limitations or policy restrictions can only be addressed by your employer or group health administrator. Although our assistance is available, we cannot act as a mediator on your behalf.

#### COORDINATION OF BENEFITS

We will submit any non-covered services and/or deductibles to your secondary insurance, provided we are contracted with the payer. Primary insurance copayments are expected and due at the time of service.

#### PHONE CALLS & MYCHART MESSAGES

Phone call and MyChart responses that require your provider’s clinical time and expertise may be billed to your insurance. This includes after-hours calls and messages. There may be a copay or coinsurance based on your insurance company’s guidelines. Contacting us in this way is considered an agreement to these conditions.

#### TRAVEL VACCINES

Special vaccines may be necessary for international travel. These vaccines may or may not be covered by your insurance plan. We recommend that you contact your insurance company to inquire about coverage and/or deductibles for this service.

#### BEHAVIORAL ASSESSMENTS & DEVELOPMENTAL SCREENINGS

In accordance with federal law and American Academy of Pediatrics guidelines, we offer early and periodic screening for behavioral and developmental health problems at well visits. These screening questionnaires allow us to provide your child with the best possible care, are required by Mass Health, and covered by most insurance

providers. Please be advised that some coinsurance companies do not fully cover this assessment and you may incur a coinsurance or deductible amount for the screening.

## **MOTOR VEHICLE ACCIDENTS & WORKERS' COMPENSATION**

Workers' compensation claims must be authorized by your employer. Motor vehicle accident claims must be billed to the auto insurance carrier. At the time of check in for the appointment, please be prepared to provide workers' compensation claim numbers or auto insurance policy info, the date of injury and:

### **For worker's comp:**

- name, address, and phone number of employer
- immediate supervisor, and
- workers' compensation insurance carrier

### **For motor vehicle:**

- date and location of accident
- auto insurance policy info and
- other party's auto insurance policy info (if charging this insurance)

## **ROUTINE VISION & HEARING EXAMS**

We also perform routine hearing and vision assessments on our patients. These services may or may not be covered by your insurance plan. You may also incur a coinsurance and/ or deductible balance for these services. If you do not wish to receive a hearing or vision exam, please inform our staff before your visit.

## **LACTATION**

We offer lactation support visits for babies with feeding issues or other needs. Because we are a pediatric office and are directly addressing the needs of the baby, these visits are billed under the baby's insurance for the visit, not the mothers. New mothers can contact their insurance companies to find other lactation care as covered by the Affordable Care Act.

## **OFFICE NO SHOW POLICIES**

We understand that life can be hectic and managing schedules is challenging. However, we do expect that you will make every effort to attend all scheduled appointments. When a patient doesn't show up for a scheduled appointment, it is a missed opportunity for another patient who could have used that appointment slot.

Any missed appointment without sufficient notification is considered a "no show". We kindly ask that you provide a minimum, 24 hours advanced notice for cancelled or rescheduled appointments. In our office, no showed appointments or those cancelled less than 24 hours prior to the appointment will be charged a \$25 fee. Repeated no showed appointments will be subject to dismissal from our practice.

## **PATIENT RESPONSIBILITY**

All patient account balances are due within 30 days of the insurance payment unless other satisfactory arrangements have been made with the practice. Not all services are covered by all insurance companies. It should be understood that by accepting the service(s), the patient/guarantor is responsible for payment regardless of whether the insurance covers the service. The practice cannot become involved with any third-party liability matters and must always look to the patient/guarantor for payment of the bill. The practice also cannot become involved with any separated/divorced financial responsibility matters or disputes. According to your insurance policy, you are contractually obligated to pay for any copay due at the time of service.

## **POINT OF SERVICE COLLECTIONS**

Payment for services is due at the time the services are rendered and non-emergency services may be deferred until the necessary payment arrangements have been made.

Payment will be accepted in check, credit card, and MyChart payment.

Patients unable to comply with the Point-of-Service payment policy will be referred to our billing department for necessary arrangements.

## **MINOR PATIENTS**

The adult accompanying a minor and the parents (or guardians) are responsible for full payment at the time of service. We are not party to any legal agreement between divorced or separated parents.

## **OUTSTANDING BILLS**

The practice reserves the right to request deposits or payment in full for any outstanding balance. Deposits will be based on the outstanding balance plus the patient's share of the bill for the new service(s) to be performed.

## **PAYMENT ARRANGEMENTS**

The practice will make a reasonable effort to assist patients/guarantors in meeting their financial obligations. If unusual circumstances make it impossible for you to meet the terms of this financial policy, please discuss your account with our billing office at 978-322-0778 should you need to arrange a payment plan. This will avoid misunderstanding and enable you to keep your account in good standing.

## **RETURNED CHECKS**

Any payment made by check that does not clear your bank account will result in a fee for insufficient funds. Our fee for insufficient funds is \$25 and will be added to your account for each returned check.

## **BAD DEBT/DISMISSAL**

If your account is not paid in full or satisfactory arrangements made within the allowable time frame, the practice reserves the right to refer the account to an attorney and/or a collection agency for collection of the balance. If your account is turned over for collection, in addition to the principal balance owed, you will be responsible for all legal, attorney, and collection agency fees. This could also result in dismissal from the practice.