

# Vickery Pediatrics, LLC

## Vickery Pediatrics, LLC

Thank you for choosing Vickery Pediatrics as your child's healthcare provider. Our office strives to provide the highest quality healthcare. Our office is committed to assisting you with insurance filing and payment of your account. In order to accomplish this, we have created the following financial policy.

### **Please Read Entire Policy Carefully**

**You must have a Valid ID, Insurance Card and ability to pay any previous balances, current co-pays and/or co-insurance at time of visit in order to be seen.**

#### **Appointment scheduling**

To be certain we schedule your appointment correctly, we will be asking questions about your child's illness in order to ensure that we have given enough time for the doctor to address all your concerns. Please let us know in advance if you have any time constraints, as emergencies can occur and may cause delays in the schedule.

**Annual Preventative (Well Child) Visits or Sport's Physicals** should be scheduled at least 4-6 weeks in advance. After the age of 3 years, most insurance companies will only allow on visit per year. Depending on the company, this "year" may run **365 + 1 day** from the date of the child's last Annual Preventative exam or may allow for one Annual Preventative exam per each "calendar year". When checking insurance eligibility, we cannot always see what your insurance allows. It is your responsibility to understand the rules/restrictions/limitations of your insurance policy. **We do not accept financial responsibility for parents' or guardians' lack of knowledge as to the limitations and/or restrictions of their individual insurance policies.**

#### **Timely Arrival**

**Missed appointments** represent a cost to you and us, as well as to other patients who could have been seen during that time set aside for your child. For this reason, we do not allow for more than two appointments per family to be booked back-to-back in advance.

So please call at least 24 hrs before your scheduled visit time, to reschedule or cancel, in order to prevent a charge of **\$75 for a No Show fee**. No Show fees are not covered by your insurance provider and will be charged to you.

**Late Arrivals** are considered to be when a patient arrives **15 minutes past their scheduled visit time** and will be treated as a No Show.

**If you are running late, please call.** If we are able to move your appointment to later in the day or rebook your time spot, you can avoid the \$75 No Show Fee.

**Rescheduled appointments due to failure to have a valid insurance card or inability to pay** previous balance or co-pay/co-insurance upon arrival for your scheduled visit, may be assessed a \$75 No Show fee.

#### **Divorce**

In the case of divorced or separated parents, it is our office policy that the parent who brings the patient to the office is responsible for any payments due at the time of service. We will not bill the non-presenting parent.

#### **Responsibility for Medical Care**

**Every Minor Child** (under age 16 yr.) seen in our office for medical services **MUST** be accompanied by a parent, legal guardian or by an adult who has obtained written consent for treatment from the parent or legal guardian. We must have a copy of such agreement on file or it must be presented at the time of the visit.

**Any Child 18 -21 yr. of age** that presents alone, must have a valid insurance card, photo ID and payment for outstanding balances/co-pay or co-insurances at the time of visit.

#### **Walk-in Policy**

We are a "**by-appointment only**" office. If available, we will make every attempt to get you an appointment later the same day.

#### **After Hours Care**

We contract with CHOA's Nurse Advice Line to provide guidance/counseling after normal office hours. One of our providers is on back up and may be paged by the nurse, if needed. We pay to provide this service for you. **So, please send all non-urgent questions/concerns** through the secure patient portal to be addressed during regular office hours.

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# Vickery Pediatrics, LLC

Vickery Pediatrics, LLC

## Excess abuse of the CHOA Nurse Advice Line may result in the fees being billed to you.

### Prescription Refills

Medication refills will only be done during regular office hours when your child's records are available. **We do not call in antibiotics over the phone.**

### Forms and Letter Requests

At some point you will likely require a form to be completed for your child. We request that you bring these forms to your child's annual preventative (well child) visit, and we will be happy to complete them **free of charge**, with the exception of the certain states funding application forms\*\*.

However, any form submitted at other visits/times or sibling forms (*if requested on a date other than their annual preventative visit*) will require a payment of **\$10 per form**. Payment is required in advance of preparation of the requested form or letter. **This fee will not be billed to insurance.**

Please allow us 3-5 business days to complete. Once completed, we can have the forms available for pick-up at the office, return by secure email or by fax.

### The following are examples of such forms:

**FMLA, Camp forms, Insurance forms (prior authorization or other), Travel forms, Forms for Daycare/School/College** (such as: Admission, Sports participation forms, Immunization (form 3231), Hearing/vision (form 3300), 504 plans, Asthma/Allergy/Seizure action plans, School Medication forms and Hardship transfers).

### The following are examples of such letters:

**School requests** such as special diets, extra school books for home use, etc., **Daycare requests** such as special diet or care instructions, **Special needs placement, Appeals/medical necessity letters for insurance companies, Travel-related issues, Adoption, Recommendations for private school admission, Complicated insurance claim justifications,**

\*\* All State/Federal Forms (**TEFRA, Disability, Social Security, Katie Beckett, etc.**) will incur a charge of **\$100 for initial filing and \$25 for renewals or reprocessing of denials.**

This is due to the complicated nature of these forms and the time intensive nature of the extensive supporting documents that are required.

### Requests for Pick-up of Prescriptions

Please allow us 3-5 business days to complete. Once completed, we can have the Prescriptions available for pick-up at the office during normal office hours. If the prescription is for a controlled substance, the parent or guardian will be required to show a picture ID and sign for receipt of the prescription.

### Transfer of Records Request

A copy of your child's records can be requested with a signed authorization form. **This is free, if the records are put on to a CD and picked up at our office.** If full paper charts are requested there will be a \$25 fee per child. If postage is required for CD/Paper Copies, there will be an additional \$10 fee.

### Referrals and Prior Authorizations

Except in true medical emergencies, five (5) business days must be given to our office to complete routine referral or prior authorizations. **Self-referrals** will be considered as out of network and may result in the financial liability to the patient. **We do not accept responsibility for patient noncompliance with their individual insurance policies.**

### Medical Supplies and Procedures

Many insurance carriers have started deferring the costs of numerous office supplies and therapies to patients' responsibility or toward their deductible. Therefore, we recommend that you know the limitations of your plan before being seen. **We do not accept financial responsibility for parents' or guardians' lack of knowledge as to the limitations and/or restrictions of their individual insurance policies.**

These items have included (but are not limited to) medications provided in the office setting, office supplies like splints/straps, bandages or immobilizers, asthma medications/equipment, other respiratory treatments, as well as, other simple procedures like wart freezing, splinter, foreign body removal or cautery of an umbilicus. Recently, it has also included many annual preventative (well child) services including labs, required screening forms and hearing/vision screenings.

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# Vickery Pediatrics, LLC

Vickery Pediatrics, LLC

## Newborns

You must notify your carrier within 30 days of the child's birth. At the initial visit we will require you to sign a financial agreement to cover that 1<sup>st</sup> visit in case you have failed to meet that deadline. **We do not accept responsibility for patient noncompliance with their individual insurance policies.**

## Expanded Office Visits

**“Sick” Concerns at the time of an Annual Physical or Nurse Visit:** If your child is scheduled for an Annual Preventative (Well Child) visit or for a Nurse Visit (weight check, Vaccine or Lab draw only) visit but is experiencing symptoms that are addressed by the physician (example: visits that requires a new prescription medication, a referral to new specialist or extensive counseling is required) - you will be charged a “sick” office fee, in addition to other expected visit charges. As such, your insurance company may charge you a co-pay/co-insurance or defer charges from part of your visit to your deductible. We have no control over your insurance's billing policy.

**If you return for labs, vaccines or hearing/vision screens** on a day other than your Annual Preventative (Well Child) visit, you may be charged a co-pay or co-insurance by your insurance company.

Please review your insurance policy fully upon its renewal each year. **We do not accept financial responsibility for parents' or guardians' lack of knowledge as to the limitations and/or restrictions of their individual insurance policies.**

## Ear Piercing

This is an elective procedure and the fee will not be billed to insurance. Payment will be due at the time of service.

## Outside Billing

**LABS:** Although most labs are drawn and collected in our office, very few are actually performed here. For those labs, we typically outsource to Quest or LabCorp. It is your responsibility to let us know which one your insurance requires. If you receive a bill from an outside Laboratory, we ask that you contact them to resolve any questions that you have. **We do not take financial responsibility for any outside laboratory costs.**

**VACCINES:** We currently contract out for our vaccines with Vaxcare, a national vaccine supplier. For 95% of the vaccines, they directly bill your insurance company. There are only a few insurance companies (like Tricare) that we partner bill for them. If you receive a bill from Vaxcare, we ask that you contact them directly to resolve any issues. **We do not take any financial responsibility for any vaccine costs that are billed through Vaxcare.**

Uninsured or Under-insured (Vaccines are not covered on your current Insurance Policy) children are eligible for use of stated funded vaccines (VFC). **If you are not insured by Medicaid or State funded CMO, it is your responsibility to notify us if you require the use of VFC vaccines.** VFC vaccines and all associated administration fees are covered for State/Federal funded insurance plans (Medicaid, Amerigroup, and Care source). While VFC vaccines are free, all other uninsured/under-insured children are still responsible for administration fees associated with these vaccines (see same day discount policy for details).

## Patients WITHOUT insurance

Patients without insurance or who do not have proof of insurance at time of visit are considered self-pay patients. Please see Vickery Pediatrics' Same Day Discount policy for details.

## Secondary or Tertiary Insurance Policies

**It is your responsibility to notify us at the time of your visit if you have a secondary or tertiary insurance policy that we are to submit a claim.** Additionally, you are required to tell us in which order they are to be billed. **Failure to do so will delay payment and may result in your being financially responsible for the entire amount.** We are only obligated to file claims with companies whom we are contracted and/or credentialed. It is a courtesy to file additional claims, if we are not in network with that insurance company.

## Patient refunds

Patient refunds will be issued if the following criteria have been met: (1) the patient has been established with Vickery Pediatrics for  $\geq$  ninety (90) days, (b) there are no outstanding insurance claims and (c) there are no outstanding balances on the family account.

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# Vickery Pediatrics, LLC

Vickery Pediatrics, LLC

## For Patients with Insurance

We are a provider of medical services. We are not party to the contract made between you and your employer and/or your insurance company. Therefore, we encourage you to contact your carrier personally in order to remain informed of your benefits. **Since insurance plans cannot guarantee all eligibility or benefits, we cannot do so either. In those situations where the services that Vickery Pediatrics provides are not covered by your insurance carrier, payment is expected at the time services are rendered. Cash, checks, credit/debit cards are all acceptable forms of payment. Be advised however, that any returned check for insufficient funds will result in a \$50 fee to patient's balance.**

1. You must present your **Child's Insurance card** and a **valid photo ID** at **EVERY** visit.
2. We expect complete and up to date demographic information for us to be able to file a claim on your behalf to the insurance carrier. If this information is incomplete or not updated, you will be responsible for all charges from the visit. If due to inaccurate demographic information we are asked to refile the claim, you may be billed a \$25 refiling fee.
3. Copayments, outstanding balances from deductibles and coinsurances are due at the time of service.
4. Any outstanding claim not paid by your insurance company within 60 days of billing will be due to patient responsibility and will be considered past due. You must pay this balance in order to be permitted to schedule non-emergent appointments until the balance is paid.
5. Any Balance over 90 days old will be considered delinquent and be turned over to an outside collection agency. A 30% "collection fee" will be added to the outstanding balance to pay fees from the collection agency and your account will be inactivated. Your child can only be seen for emergent visits for the next 30 days until you have paid the balance of your account. Your account will be considered seriously delinquent at this time and after this 30d grace period, no further appointments will be granted and your child must seek medical care elsewhere.

## Self- Pay Patients

**We offer a same day discount on all billed services for our patients that are self –pay. Please ask for our same day discount policy for full details. You will still be asked to provide a valid photo ID at every visit and to make sure that demographic information is up to date. If you have insurance coverage at a later date, it is YOUR responsibility to make sure that we have it on file and claims should be filed with them going forward. Payment is expected at the time services are rendered. Cash, checks, credit/debit cards are all acceptable forms of payment. Be advised however, that any returned check for insufficient funds will result in a \$50 fee to patient's balance.**

**I have read the above Financial and Administrative policy for Vickery Pediatrics, LLC and agree with the terms listed.**

Parent/Legal Guardian: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Child 1: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

Child2: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

Child 3: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

Child4: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

**Billing questions or concerns can be directed to [Admin@vickeryped.com](mailto:Admin@vickeryped.com)**

Vickery Pediatrics @ the Collection – Forsyth

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## HIPAA - Receipt of Notice of Privacy Practices Written Acknowledgement Form

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other health care providers involved in my treatment).
- Obtaining payment from third party payers (e.g. insurance company).
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and healthcare operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

### Financial and Administrative Policies

1. You must present your **child's insurance card** and a **valid photo ID** at **EVERY visit**.
2. We expect complete and up-to-date demographic information for us to be able to file the claim on your behalf to the insurance carrier. If this information is incomplete or not updated, we will require payment in full of your charges on the day of the visit. There will be a \$10 refiling fee if the correct payment information is not provided at the time of service.
3. Copayments, outstanding balances from deductibles and co-insurances are due at the time of service.
4. A \$25 billing fee will be assessed for failure to pay co-pay, co-insurance at the time of service on the 1st occurrence, but no future appointments can be made until that fee and outstanding balance has been paid.
5. Patients with delinquent balances will not be permitted to schedule routine exam appointments until the balance is paid in full.
6. Any outstanding claim not paid by your insurance company within 60 days of billing will be due to patient responsibility and are considered past due.
7. Any balance over 90 days old will be considered delinquent and be turned over to an outside collection agency. A 30% collection fee will be added to the outstanding balance. Your account will be inactivated. Your child can only be seen for emergent visits for the next 30 days until you have paid the balance of your account. Your account will be considered seriously delinquent at this time and after this 30 day grace period, no further appointments will be granted and your child must seek medical care elsewhere.

**I have read the above HIPAA, Financial and Administrative policy for Vickery Pediatrics, LLC and agree with the terms listed.**

Parent/Legal Guardian:

(Print) \_\_\_\_\_ (Sign) \_\_\_\_\_

(Relationship to Patient) \_\_\_\_\_ (Date) \_\_\_\_\_

Child 1: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

Child 2: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

Child 3: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

Child 4: (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_

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