



PREMIER PEDIATRICS

Office Policies

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance about our office policy allows for a good flow of communication and enables us to achieve our goal. *Please read each section carefully.* If you have any questions, do not hesitate to ask a member of our staff.

Appointments

1. We value the time we have set aside to see and treat your child. We do not double book well child appointments. If you are not able to keep an appointment, we require 24-hour notice.
2. If you are late for your appointment, we do have a strict 20-minute policy. If you are 20 minutes or more late, you will have to be rescheduled.
3. We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
4. Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.
5. We require 24 hours' notice on cancellation/rescheduling of appointments. In the event that you do not show for a well child appointment, there will be a \$25 charge to you that is not covered by insurance.

No Show/Cancellation

1. We require 24 hours' notice on cancellation/rescheduling of appointments. If you do not show for a well child appointment, there will be a \$25 charge to you that is not covered by insurance.

Insurance Plans

1. It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designated is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**
2. If we are your primary care physician, make sure our name or phone number appears on your card. **If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.**
3. It is your responsibility to understand your benefit plan regarding, for instance, covered services and participating laboratories. For example:

- a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment.
 - b. For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
4. It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

Referrals

1. Advance notice is needed for all non-emergent referrals, typically 48 hours.
2. It is your responsibility to know if a selected specialist participates in your plan.
3. Remember, we must approve referrals before they are issued.

Financial Responsibility

1. According to your insurance plan, you are responsible for all co-payments, deductibles, and coinsurances.
2. **Co-payments** are due at the time of service.
3. Self-pay patients are expected to pay for services in **FULL** at the time of the visit.
4. If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
5. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **10** business days of receipt of your bill.
6. Any balance outstanding longer than 90 days will be forwarded to a collection agency.
7. For scheduled appointments, prior balances must be paid prior to the visit.
8. We accept cash, checks, Amex, Visa, and MasterCard credit and debit.
9. A \$30 fee will be charged for any checks returned for insufficient funds.

Card on File

1. Premier Pediatrics now requires that every family leave a valid open credit card with a signature on file. This card will only be charged for an outstanding balance related to a patient's portion of an insurance claim, a no-show or late cancellation charge, or an unpaid administration fee.

Annual Fee

1. The Premier annual fee is \$250 for a first child and an additional \$50 per child up to a maximum of \$350 per family. The fee is annual beginning on your child's first birthday and billed each year on your child's birthday. The administrative fee is in lieu of the yearly non-expedited form fee.

Though not covered by insurance, your flexible spending account (FSA) may help to cover this cost.

Prescription Refills

2. For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly. Please see welcome letter for specific instructions regarding our ADHD 360 program medication refills.

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.