

Arti Pediatrics, Inc.

Office and Financial Responsibility Policy

August 2016

CO-PAYMENT AND DEDUCTIBLE: The patient/patient's guardian is/are responsible for their deductible and co-payment. Insurance co-payment is always due at the scheduled time of service. If the patient's deductible has been satisfied, Arti Pediatrics will bill the patient's health plan. If the patient's deductible has not been satisfied, Arti Pediatrics will collect 75% of our fees schedule at the scheduled time of service. Arti Pediatrics will bill the insurance, and after the claim is processed, either over-payment would be reimbursed or applied towards the patient's next visit or under-payment would be billed to the patient.

INSURANCE CARD: If the patient forgets to bring their insurance card then they will be asked to cover the service charges in the form of cash/check/credit at the time of service. Arti Pediatrics will be happy to bill the patient's insurance if you provide us with a copy of the insurance card. A refund will be issued to you when your health plan makes payments on your claim.

CHANGE OF INSURANCE: Any change to patient insurance, including change of patient address, need to be informed to Arti Pediatrics well in advance. Patient/patient's guardian's is/are required to pay upfront for the services rendered on that day if the new insurance information is presented on the date of visit.

IDENTIFICATION CARD: Arti Pediatrics needs to have a government issued identification card on file. This can be a driver's license, passport, or social security number.

NON-COVERED SERVICES: If Arti Pediatrics provides services to your child/children that are not covered by your health plan, you will be held responsible for payment in full for those services. Your signature below constitutes agreement to pay for such services. It is your responsibility to know and understand your coverage no matter what type/form of plan you hold. Not all services are a covered benefit in all contracts. Contact your insurance company to find out what benefits are covered or excluded under your plan and which healthcare providers are within your network.

APPOINTMENT CANCELLATION CHARGE: All late cancellation and no-shows will be billed \$40.00 automatically. We require minimum of 24 hours notice in advance to avoid charges. In order to allow sufficient time for your appointment, as well as for other patients, please arrive promptly for your appointment time. Be aware that if you are more than 10 minutes late, we may need to reschedule your appointment to another day.

AFTER HOURS ADVICE: After Hours advice is available when the office is closed. This service is only for urgent health concerns. Any non-urgent calls should be made during office hours. In case of emergency please call 911 or go to nearest emergency room. For any non-urgent concerns Arti Pediatrics provides secure messaging via Patient Ally. After-hour appointments are scheduled by special arrangement. There may be occasions when this service may not be available, such as technology failure or physician(s) unavailability. In that case, please call 911 or go to nearest emergency room.

REFERRALS: When this office makes a sub-specialist, radiology, or lab referral for you, it is your responsibility to verify if a physician or facility is participating in your insurance network as a contracting provider and what benefits are covered under your plan, in order to obtain your maximum benefits.

INSURANCE DISPUTES: Arti Pediatrics bills your insurance for the services as a courtesy. It may take a significant amount of time for claims to be processed. In case the insurance denies or rejects all or part of the service charges, those charges will be billed to the patient and it is patient's responsibility to follow up with insurance and file for any reimbursement. One-time patients (like travelling patients) are required to pay upfront. Once the insurance claim is finalized then Arti Pediatrics may not rebill the insurance.

BILLING FOR YOUR NEW BORN: If the patient is a new born, parents please make sure to add your child to the insurance. This would expedite the billing for the services. If not done within two weeks from the date of birth of the child, then Arti Pediatrics will bill the patient directly and parents would need to file for reimbursement with insurance.

PAST DUE BALANCE: Once your insurance company has made a payment, your portion will be billed to you and is due within 30 days of the date of the statement. A fee of \$20.00 will be applied to any unpaid balance that exceeds 30 days past due. Your account may be turned over to a collection agency and reported to Credit Bureau if your unpaid account balance exceeds 90 days. Arti Pediatrics reserves the right to not provide subsequent services unless past due balance is paid.

IMMUNIZATION CARD REPLACEMENT: A charge of \$10.00 for replacement cards.

SCHOOL FORMS: There is a \$20.00 fees per request, which will be waived if the form is presented at the patient's routine well child visit. We will not fill out forms during sick/office visits. Arti Pediatrics needs minimum of 15 days to process these forms. Fees of \$40 will be charged for last minute request.

OTHER FORMS: There is a \$20.00 fees per request. We will not fill out forms during sick/office visits. Arti Pediatrics needs minimum of 15 days to process these forms. Fees of \$40 will be charged for last minute request. These forms are like ITIN form, camp form etc.

COLLECTIONS: If it is necessary to assign your account to a collection agency and/or an attorney, you will be responsible for all associated fees and costs.

RETURNED CHECK FEE: For any returned check, Arti Pediatrics will charge a fee of \$25, in addition to the original amount of the check. This charge covers our bank fees as well as additional processing and billing costs.

MEDICAL RECORDS: Arti Pediatrics requires a signed written request to copy a patient's chart, and will provide copies within 15 days. There is a minimal processing fee of \$20.00 that must be collected prior to releasing the records.

SHARING RECORDS FOR TREATMENT

We share medical records with other health care providers to allow and promote continuity of care among providers.

VOICEMAIL AND TEXT NOTIFICATIONS

As a service to our patients, Arti Pediatrics provides courtesy appointment reminder calls/texts and possibly other important calls that may be placed. The information may include protected health information. By initialing below, you consent to receiving such calls/texts at the phone number(s) you have provided to us.

ELECTRONIC PRESCRIPTIONS (E-Prescribing) And Online Access To Medical Records

I voluntarily authorize Arti Pediatrics to allow E-Prescribing for prescriptions, which allows health care providers to electronically transmit prescriptions to the pharmacy of my choice, review pharmacy benefit information and medication dispense history as long as a physician/patient relationship exists, or until I withdraw my consent. Arti Pediatrics uses Patient Ally as patient portal to share and communicate with patient. You acknowledge that you accept those terms and conditions of Patient Ally, which can be found on Patient Ally website.

PATIENT TERMINATION: Arti Pediatrics values its patient relationships and it wants to protect all patients' rights. We will only terminate patient relationships with cause and after careful consideration. Reasons for termination include: Repeatedly not showing for scheduled appointments, not complying with recommended medical care, being hostile or abusive to staff, not making an attempt or neglecting to pay your account in a timely manner.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Child's Name: _____ **DOB** _____