

# **Financial and Office Policies**

We would like to thank you for choosing Chico Pediatrics. Our goal is to provide and maintain a good physician-patient relationship. To achieve this, we would like to keep you informed of our current office and financial policies as outlined below. Your clear understanding of these policies is important to our professional relationship.

#### FINANCIAL RESPONSIBILITY

You are ultimately responsible for payment. **Our relationship is with our patients, not their insurance companies.** All charges are your responsibility from the date of service.

If we are contracted with your insurance company, we will bill your insurer after each visit. Plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is your responsibility to understand the benefits provided in your insurance plan. You are responsible for any charges or portions thereof for which payment is denied by insurance for whatever reason (copayments, deductibles and co-insurance), except where prohibited by law or prior contractual agreement. You are responsible for providing accurate insurance information at the time of your child's visit. We will review the patient's insurance at every visit, please keep his/her insurance card with you.

If we are not contracted with your health insurance, we require full payment at the time of service. We can then provide you with an itemized statement at your request that you can submit to your health insurance for possible personal reimbursement.

We currently do NOT accept any Medi-Cal/Medi-Cal Managed Care Plans. Should your child(ren) obtain Medi-Cal or Medi-Cal Managed Care Plans as primary or secondary, we will no longer be able to continue medical care at this office.

If you do not have health insurance, we will see your child as a "cash-pay" patient. Payment is due at time of service.

Please call us or our billing office if you have questions about your bill. Most problems can be resolved easily and quickly. We encourage you to work with our billing office if your charges are unmanageable. Financial considerations should never prevent children from receiving the care they need at the time they need it.

## **PAYMENT**

We accept cash, personal check, VISA or MasterCard.

Co-payment is expected at the time of service. Deductibles and Coinsurance are your responsibility and will be billed by our office. All insurance companies reimburse according to the fee schedule in their contract based upon your benefits. It is your responsibility to understand the benefits provided in your insurance plan.

Outstanding balances are due within 30 days. Any balance outstanding longer than 90 days will be forwarded to a collection agency, unless prior arrangements have been made with our billing office. If your account is forwarded to a collection agency, we will continue to see your child on an emergency basis only (no well visits) for the next 30 days, giving you time to re-establish medical care with a new office.

A \$25 fee will be charged for all returned checks and we will only accept further payment with cash or credit card until the balance is cleared.

#### **NEW BABIES**

Congratulations on the new addition to your family! Please remember newborns must be added to your insurance within the first 30 days after birth. Unfortunately you will be responsible for charges incurred within this period if you fail to add your child to your insurance.

#### **WELL VISITS**

Well baby, child and teen care is an important part of taking care of patients in a pediatric office. At these visits we address growth, development, nutrition and behavior. Most, but not all insurance plans, do not charge co-pays for well visits. However, please be aware that well visits are not always "free." If additional topics outside of the scope of a well visit (i.e. new acne, new ear infection, etc.) above the well visit are dealt with at the time of the visit, you are responsible for these charges per your contract with your insurer. Often, you may be charged a co-payment for that service. We may ask that any complicated issues be deferred to a follow-up visit in order to address them properly outside of the well visit.

It is generally helpful to reschedule a well visit if your child is sick (we are happy to change it to a sick visit on the spot). It is also generally helpful to save visits regarding chronic problems for visits other than the well visit so that both are given the attention they deserve.

### **VACCINATION POLICY**

We feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults, however our providers are open to alternative schedules. If you should absolutely refuse to vaccinate your child despite all our efforts, we will respect your decision but we will ask you to find another health care provider who shares your views. Please feel free to discuss any concerns you may have about vaccines with us. We welcome having the conversation with you.

## FORMS and Prescription Refills

We do charge for completing forms outside of visits (daycare, camp, school, FMLA, etc.). Please allow a minimum of 7 days to complete and return.

For monthly medication refills, we require at least 48 hours notice\*\*, during regular business hours. Please plan accordingly. \*\*Effective November 1, 2018 we request our patients allow 5 business days to refill monthly medications.

## CANCELLATIONS/Missed/Tardy Appointments

Please try to call at least 24 hours ahead of your appointment if you need to cancel. **We do charge a \$50 fee for any missed appointments\*\***. A pattern of missed appointments will result in discharging the entire family from Chico Pediatrics. If you are 10 minutes late or more to a physical exam appointment or a sick appointment you will be asked to reschedule.\*\***Effective May 1, 2018** 

#### MEDICAL RECORDS

We require release forms in order to share your child's medical record. We reserve the right to charge for copying records according to size of records not to exceed a \$15 fee. Transferring patients must pay off their entire balance before records will be release to any party.