



Financial & Administrative Fee Policy

Sound Beach Pediatrics participates with most insurance plans. Each insurance policy is different, and it is therefore impossible for us to know what your particular benefits may be. Therefore, it is very important that you contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations will be at the time of service.

Copayments and Deductibles

We ask that all of our families that have insurance to make sure that their policies are active and to call or bring in any new insurance information prior to, or at the time of, any office visit.

We bill all patients and families who have health insurance in accordance with the requirements of their health insurance coverage. In today's complicated health insurance market, it is difficult for patients and families to understand how their insurance coverage works. We are obligated by law and by insurance contract to code and bill for visits in accordance with the policies set forth by each health insurance carrier. Insurance company contracts determine how we must apply copays, coinsurance and deductibles, and requires that we collect from our patients that cost-sharing component. We require all families and patients to pay any and all fees due and payable on the date services are rendered.

Payment may be made by check or by credit card. We also accept Health Savings Account (HSA) cards for payment. We do not accept cash payments.

As indicated above, copayments, deductibles and coinsurance costs are contractual requirements from the insurance company that we must adhere to and cannot be written off by the office. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time that those services are rendered. We are happy to discuss arrangements for payment by installment if you need to do so.



Please ensure that if you are unable to bring your child in yourself, whoever brings the child to the office should be prepared to make payment for that visit.

Credit Card on Fileⁱ

In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Your card will only be charged the outstanding amount that your insurance company determines to be 'patient responsibility', as spelled out in your Explanation of Benefits (EOB). Once your card is charged, a receipt will be sent to you by email. If you would like to make arrangements to pay the amount by installments, please notify the office in advance of a visit and we can make arrangements to do so.

Patients Without Insurance Coverage or With International Insurance Plans

We are happy to work with families that are not part of the insurance networks in which we participate or do not have any insurance coverage.

Practice Management of Owed Credits

Occasionally there may be an overpayment made on an account. In such cases, credits owed to patients after insurance claims are processed are labeled as "unapplied credits". Provided that there are no outstanding balances on the account, we ensure that a credit payment is refunded within 60 days of the initial credit.

Administrative Feeⁱ

At Sound Beach Pediatrics, coordination of care is central in making sure that our patients receive high quality healthcare. This means several hours are spent providing services that insurance does not cover, including providing a patient portal and filling out any forms needed for school, camp, sports, or daycare.



To cover that administration, we charge a small annual fee of \$50 per child up to a maximum of \$200 per family. You may choose to opt out of the annual administrative fee and pay a-la-carte for these requests instead. A \$25 fee will need to be charged for each request, including any school entry, annual school physical, sports and camp physical forms and medication forms (including nebulized or inhaled medications, Epi Pens, and over the counter medications). If you believe that your daycare or school will require multiple forms during the year, please keep this in mind as you make your decision on the best plan for your family. Please fill out your choice below to indicate your preference. If you find that multiple forms are needed throughout the calendar year, we are happy to move you into the annual program upon request.

No-Show and Late Policy and Fees

We are a busy practice. Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take that appointment slot. Therefore, we require **no less than 24 hours notice** for all cancellations. If you cannot notify our office in a timely manner, a **no show fee for a sick visit of \$50**, and a **no show fee for a well visit of \$100**, will be charged to your account.

Patients who arrive 10 or more minutes late for a sick or well visit may not be able to be seen. Late arrivals that cannot be accommodated are considered missed appointments. A no show fee will be applied (\$50 for missed sick visit and \$100 for missed well visit).

Termination of Practice-Patient Relationship

In rare instances, Sound Beach Pediatrics may ask a family to transfer care out of our practice. Reasons for this request may include, but are not limited to:

- Repeated no-shows or late arrivals, which is unfair to our providers and patients and strains our practice;
- Unkind and disrespectful treatment of our staff, which is never tolerated;
- Rude and / or disruptive behavior, particularly in our waiting areas;
- Refusal to pay fees owed to the practice (or refusal to an agreement to a payment plan);



- Irreconcilable differences in medical philosophy; and
- Any other reason the practice, in its sole discretion, deems termination of the practice-provider relationship is warranted.

Additional Fees

Should a check payment be returned from the bank unpaid, we will charge a returned check fee of \$30.

I have read and understood the above policy and agree to it.

I select (please circle your choice) the following choice for our family's Annual Form Fee:

- Option 1 = \$50 per patient for 2020 (paid at the time of the first visit in 2020)
 - Family maximum \$200.00 per year
- Option 2 = \$25 per form (paid at the time the form is requested)

Signature _____ Date ____/____/____

Printed Name _____

Relationship to patient(s) _____

<u>Patient Name</u>	<u>Date of Birth</u>	<u>Amount</u>
1.		
2.		
3.		
4.		
5.		
6.		

TOTAL: _____

(Option 1 capped at family maximum \$200)

ⁱ No administrative fees or no-show/late fees will be charged to patients with Medicaid and Medicaid HMO insurance