Vickery Pediatrics, LLC

Financial and Administrative Policies

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.

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. WCC or School PE should be scheduled 4-6 weeks in advance.

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. So please call at least 24 hrs. before your scheduled visit time, to reschedule or cancel, in order to prevent a charge of $50 for a No Show fee.

Late Arrivals are considered to be when a patient arrives 15 minutes past their scheduled visit time. In this case, the appointment will be rescheduled and a $50 No Show fee may be applied.

Rescheduled appointments due to failure to have a valid insurance card or inability to pay previous balance or co-pay/co-insurance for this visit, you may also be assessed a $50 No Show fee.

These fees are not covered by your insurance provider and will be charged to you.

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 payment at time of service. We will not bill the non-presenting parent.

Responsibility for Medical Care

Every minor child (under age 18 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 time of visit.

Walk-in Policy

We are a “by-appointment only” office. If we have availability, we will make every attempt to get you an appointment later the same day.

After Hours Care

We contract with the Nurse Advice Line of CHOA to provide guidance and counseling when the office is closed. There is always a provider on back up that may be paged by the nurse.

We pay monthly to be able to provide this service for you. So, please save non-urgent concerns for regular office hours.

Excess abuse of this service may result in the fees being billed to you.

Prescription Refills
These will only be done during regular office hours when your child’s records are available. We do not refill antibiotics over the phone.

**Forms and Record transfers**

**Forms:** We do not currently charge for these forms if brought in at the time of a well visit. Please allow 3 days for completion of forms brought in at any other time.

**Records:** Assigned authorization form must be submitted with record request. This is free as long as CD of records can be picked up by parent. There will be a $25 fee if they have to be mailed.

**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**

_We are noticing more and more insurance carriers putting the costs of many office therapies to patients’ responsibility/deductible._

These items have included medications provided in the office setting, office supplies like splints/straps, bandages or immobilizers, Asthma meds/equipment, other respiratory treatments, as well as other simple procedures like wart freezing, splinter or Foreign body removal or cautery of umbilicus. **Therefore, we recommend that you know the limitations of your plan before being seen.**

**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 1st visit in case you have failed to meet that deadline.

**Expanded Office Visits**

If your child is scheduled for a Well Child Exam or for a Nurse Visit for weight check, “shot” or “lab” only visit, or to get hearing/vision screen only but is experiencing symptoms that are addressed by the physician, you will be charged a “sick” office in addition to other charges.

Depending on your insurance, you may be responsible for a copayment, co-insurance, and/or deductible.

Payments not covered for elective procedures will be due at the time of service (ex: ear piercings).

**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 Solstas/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.

**VACCINEs:** We currently contract out our vaccines with Vaxcare the supplier. For 95% of the vaccines, they directly bill your insurance company. There are only a few insurance companies (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.

**Patients without insurance**

Patients without insurance or do not have proof of insurance at time of visit, are considered self-pay patients. Please see Vickery Pediatrics’ Self-Pay discount policy for details.

**Patient refunds**

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

**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 Vickery Pediatrics provides are not covered by your insurance carrier 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 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 visit. There will be a $10 refiling fee if the correct information is not provided at the time of service.
3. Copayments, outstanding balances from deductibles and coinsurances are due at the time of service.
4. A $25 billing fee will be assessed for failure to pay co-pay, co-insurance at 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 Financial and Administrative policy for Vickery Pediatrics, LLC and agree with the terms listed.

(print)_________________________________[Sign]_________________________________(Date)____________________

Parent/Legal Guardian

Child 1: (Name)_________________________________(DOB)_________Child2: (Name)_______________________(DOB)____
Child 3: (Name)____________________(DOB)____________________Child4: (Name)____________________(DOB)____________________

Child 5: (Name)____________________(DOB)____________________Child6: (Name)____________________(DOB)____________________

Billing questions or concerns can be directed to asorokey@vickerypeds.com or tbertini@vickerypeds.com. REV. 9/2016