

## Financial Policy<sup>7/118</sup>

We are committed to providing you with the best possible care. If you have medical insurance, we are happy to work with you to help you receive your maximum benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policies as described below:

**Important changes impacting our insurance provider status, and billing: Effective 9/18/18 we will be a UCSF- Benioff Children's Hospital Partnership practice, and as such, providers under the umbrella of UCSF Benioff Children's Physicians (UBCP). Our status as preferred providers for all the various insurance providers should remain unchanged but the contracted relationship will be under UBCP and their Tax ID number. Any services provided prior to that date will be billed directly through MPA and our Tax ID. For a period of time, you may receive billing statements from both.**

Marin Pediatric Associates, A Medical Corp. (MPA) accepts most PPO and Private Health Insurance Plans, HMO\* Plans affiliated with Meritage Medical Network (formerly the Marin IPA), as well as cash paying patients. While we are happy to file insurance claims for our patients and assist them in resolving any disputes with their insurance companies regarding benefits, parents/guardians remain responsible for payment for services provided by MPA regardless of insurance. It is the parents'/ guardians' responsibility to confirm with the insurance company that we are participating providers. **All charges not covered by your insurance company are your responsibility.**

**Not all services are a covered benefit in all insurance contracts. We will not always know whether a service is covered by your insurance company.** Some insurance companies do not pay for well care, preventive care, exams for sports or camp, or excluded diagnoses or conditions, or immunizations (see separate Immunization waiver form). Only your insurance company can confirm your benefits with you. Please feel free to ask about the costs of these services when the appointment is made. Disputes between you and your insurance company do not affect your responsibility to pay for medical services for your child. As health care providers, our relationship is with you, not your insurance company. We follow AAP guidelines regarding routine physicals and immunizations.

\*HMO patients **must** list one of our MPA physicians, or our Practice as your Primary Care Provider (PCP). Only the Primary Care Provider listed on your card will be paid for services. It is the parents' responsibility to confirm that we are listed as your PCP. If you wish to have your child seen in our office prior to correcting the PCP assigned to your child, we will provide care on a fee-for-service (cash) basis only.

**Parents/Guardians must provide this office with current, VERIFIABLE insurance information AT THE TIME OF SERVICE** if you would like us to bill the insurance for you. Most insurance companies will now DENY PAYMENT for services if they do not receive the claim within 30 days of the visit. A **\$25 re-filing fee** applies any time we must resubmit a claim. **If we are unable to verify current insurance coverage at the time of your visit, payment for services is expected at the time of the visit.**

We do not bill secondary insurance (except for patients with MediCal).

Parents/Guardians are responsible for any co-payments, co-insurances, deductibles, and non-covered services. Non-covered services may include recommended vaccines, or portion of vaccine costs not covered by insurance.

**This office considers the parent/guardian bringing the child in for medical attention financially responsible for any charges arising for that date of service, regardless of any custody issues. Any court orders regarding responsibility for such costs are to be enforced by the courts and do not determine who we bill for a child's care.**

**Payment is required for copays and services not covered by insurance AT THE TIME OF SERVICE.** Failure to pay your copay at time of service will result in a **\$10 finance** charge. We encourage you to complete a "credit card on file/auto-pay authorization" to avoid unpleasant finance charges. We also accept deposits to your account that we will debit automatically for copays and co-insurance charges.

**We accept cash, Visa, MasterCard and personal, local checks.**

### Summary of fees and finance charges:

To cover the administrative costs of additional billing this office will assess finance charges for the following:

**Co-payments are required at the time of service:** billing for co-payments (\$10)

**Overdue balances:** (\$10) rebilling/finance charge for payments not made within thirty (30) days of billing)

**Insurance re-filing fee:** (\$25), and **Bounced (NSF) checks fee:** (\$25).

**NO SHOW fees:** Patients who fail to notify us of cancelled appointments at least 24 hrs in advance will be charged a no-show fee (\$25/visit or \$50/well care or extended visits).

Bills unpaid for more than 120 days may be turned over to a collections agency unless other arrangements have been made. Accounts that are turned over to collections will result in dismissal from the practice. If special circumstances make prompt payment impossible, payment arrangements must be approved in advance by our Business Office staff.

**Medical Records:** Our office charges (\$35-\$45) for the copying and transfer of all medical records. The higher fee applies to charts with more than 25 pages of material or "rush" requests. We will continue to provide copies of immunization and growth charts at no cost.

**Forms and letters:** Camp/school/athletic release/prescription medication forms: \$10 fee. Please allow 72 hrs for completion – we assess well care exam and immunization needs before we sign any of these forms. (fee waived if forms presented when your child is being seen for an appointment). \$15 fee for letters.

**Labs and other testing fees are billed separately by the individual lab or testing facility.**