

Twelve Corners Pediatrics, LLP (12CP)

FINANCIAL POLICY

We are committed to providing every patient excellent medical service, including assistance with billing and insurance matters. We want you to completely understand our payment policies. Please read both pages (2 sided) and sign our Financial Policy below:

- Insurance:** 12CP participates with most insurance plans. Knowing your insurance benefits is your responsibility. Your insurance carrier can tell you whether the physicians at 12CP is in their provider network. 12CP may verify benefits for you, but this is not a guarantee of payment. A copy of your current insurance card is required to provide proof of insurance. If you fail to provide 12CP with the correct insurance information in time to meet your insurance company's claim filing limit, you will be responsible for any charges not paid by insurance. If your insurance denies any claim due to an incorrect PCP being listed or due to any coordination of benefit (COB) issue, the cost of the visit will be a personal balance. 12CP will submit your claims and assist you in any way we reasonably can to help get your claims paid with the insurance information you have provided us. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If your insurance company does not pay your claim in 90 days, the balance may be billed to you. ** Physicians may order tests (lab and/or Imaging) at outside facilities. Please contact those facilities with any questions regarding their billing and how your insurance policy will cover those tests at that facility
- Patients with No Insurance or Coverage with a Non-participating Insurance Plan:** Payment for service is expected on the date of the appointment unless specific payment arrangements are discussed with the Billing Department. If you have no insurance and you would like an estimated bill for services, the request for the written estimate must be submitted to the billing department prior to your upcoming appointment (at least 72 hours for a routine appointment and at the time of scheduling a same/next day acute appointment).
- Cost-share:** Deductibles are collected at the time of service. Co-payments, non-covered procedures, and services considered "not medically necessary" by your insurance plan must be paid at the time of service. A \$10 billing fee may be added to your account if you are unable to pay your co-payment on the day of your appointment.
- Telemedicine visits via Telephone/Video:** Any evaluation requiring medical decision making by our physicians via telephone or video during regular office hours or after hours may result in a charge that will be processed through your insurance company. Copays, deductibles, and non covered services will be a personal responsibility the same as an in-office visit.
- Non-payment:** If your account is over 30 days past due, your account will be reviewed by our Billing Department. Outstanding personal balances older than 90 days are considered delinquent and may be transferred to our collection agency and a possible discharge from the practice. Any collection agency charges/fees will be added to your account.
- Missed Appointments:** Failing to keep appointments may pose a health risk to the patient. 12CP asks that patients notify the practice 24 hours in advance if they are unable to keep their scheduled appointment time. **A \$75 fee may be charged if less than 24 hour notice was given.** Missing three consecutive appointments without notifying the office may result in a patient's discharge from the practice, but medical care will not be withheld if the patient presents with a medical emergency within 30 days of being discharged. If you have requested that we provide an interpreter for your appointment and you fail to come to your appointment without notice, this will result in an additional no-show fee of \$100 to cover the cost of the interpreter that we will be required to pay.
- Twelve Corners Pediatrics, LLP will use any available phone numbers (including cell phone numbers) that you have provided us to contact you regarding appointment matters, insurance questions and account balances of any type. My signature below represents my authorization.

ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION

I assign all payments for medical services to Twelve Corners Pediatrics, LLP. I authorize 12CP to release my medical records and information to any third party payers which may need information to process claims for health care benefits, disability, or for performing quality assurance reviews, as required by law. I also give permission to 12CP to release information to other health care physicians and health care facilities for the purpose of discussing my conditions, consulting on my case, or for coordinating my medical care. I understand that I am financially responsible for charges not covered by my insurance plan, and I hereby guarantee timely payment in full of any such charges. A photocopy of this assignment and authorization is considered as valid as the original. This authorization will remain in effect until revoked in writing.

By signing below, you are acknowledging that you have read and fully understand our Financial Policy above including the information titled 'Routine Well Child Check Information.

ROUTINE WELL CHILD CHECK INFORMATION

The purpose of routine well visits are to monitor growth and track social and emotional development, as well as providing proactive safety guidelines and recommendations for your child's age group. We follow the screening recommendations of the American Academy of Pediatrics and Bright Futures Guidelines as closely as possible for your routine care. Although most insurances cover well visits in full, some services or screenings that are done at your well visit may result in some cost-share/copays per the processing of your insurance company.

Correct coding compliance: If you have specific concerns about your child's health that are addressed at your well visit, or there are any illnesses or injuries found or brought to your physician's attention at the time of your well visit, this must be reported and billed to your insurance separately as a 'problem oriented' visit in addition to the billing for your routine well visit. This may include evaluation of new problems or a re-evaluation of an existing or worsening problem. If you are on a medication that requires routine monitoring and you are due for a med check, this may also be done at your well visit and reported to your insurance company separately (examples: ADHD/Mental Health medications, etc.). Procedures performed at the time of your well visit will also be billed to your insurance company separately.

All of the services below are part of the normal well visit and may be billed to your insurance. It is your responsibility to communicate with your child and your physician if you choose to decline any of these recommended services.

*****First newborn visit after hospital discharge is a newborn weight-check, and it is not included in the routine well child schedule.**

1 Week-9 Month (1-2 week, 2-4 week, 2, 4, 6, 9 month)

- Well Child Office Visit (99391)
- Caregiver Health Risk Assessment (96161)
- Recommended Vaccines and Vaccine Administration Fees

12 Month

- Well Child Office Visit (99392)
- Recommended Vaccines and Vaccine Administration Fees
- Lead Test (83655) Hemoglobin Test (85018)
- Vision Screening (99177)

15 Month

- Well Child Office Visit (99392)
- Recommended Vaccines and Vaccine Administration Fees

18 Month

- Well Child Office Visit (99392)
- Recommended Vaccines and Vaccine Administration Fees
- Developmental Screening Questionnaire (M-Chat 96110)
- Lead Test (83655)

2 Year

- Well Child Office Visit (99392)
- Recommended Vaccines and Vaccine Administration Fees
- Lead Test (83655) Hemoglobin Test (85018)
- Developmental Screening Questionnaire (M-Chat 96110)
- Vision Screening (99177)

2 ½ Year – 11 Year

- Well Child Office Visit (99392 or 99393)
- Recommended Vaccines and Vaccine Administration Fees
- Lipid Test (80061)
- If you have a diagnosis of Asthma or Wheezing we may also have you complete an Asthma Control Test Questionnaire (ACT 96160) and/or have you do a Spirometry (94010)
- Vision Screening (99177 or 99173) and Hearing Test (92551)

12 + Years

- Well Child Office Visit (99394 or 99395)
- Recommended Vaccines and Vaccine Administration Fees
- Developmental Screening Questionnaire/emotional assessment (PHQ-9 96127/G8431/G8510) and Substance Abuse Screening (CRAFT 96160)
- Lipid Test (80061)
- If you have a diagnosis of Asthma or Wheezing we may also have you complete an Asthma Control Test Questionnaire (ACT 96160) and/or have you do a Spirometry (94010)
- Vision Screening (99173) and Hearing Test (92551)