

PROVIDENCE PEDIATRIC PRACTICE, LLC
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Media, PA 19063

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FINANCIAL POLICY

Providence Pediatric Practice is committed to giving your children the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. Please speak to us if you have any questions about our fees, Financial Policy, or your responsibility.

The physicians at Providence Pediatric Practice are here to provide medical care to your children. If you need to discuss financial issues you must contact our Billing Office Staff or the Office Manager.

PAYMENT OF THE VISIT CHARGES ARE DUE AT THE TIME OF THE VISIT

We accept CASH, CHECKS, VISA, MASTER CARD, DISCOVER & DEBIT CARDS. Payments may also be made through our Portal. There is a \$25 fee for checks returned from your bank for any reason.

There are additional fees charged for "after hours" visits. Our regular hours are posted at the front desk and on the office door. Effective 4/2020 there may be a small charge for after hours physician phone calls or portal exchanges with a physician that provide doctor's advice or scripts or evaluation that will not be billed to your insurance. As always, you may be responsible for what is not covered by insurance.

As a courtesy, we attempt to make reminder phone calls for well visit appointments. A minimum of 24 hours notice is required for cancelling well visit appointments and 4 hours for sick appointments. If appointments are not cancelled in the above time frame there is a \$40 fee, regardless of whether we made a reminder call or not.

If it is necessary for you to transfer your child(ren)'s records, there is a charge of \$25 for each record 16 pages or over plus postage. If the chart is under 16 pages, the charge is \$1.55 per page plus postage. Once a child has transferred from this practice, the medical records are sent to archives and may be destroyed after 7 years. There is an additional fee to retrieve records from archives.

Non-Preventive health exams (such as sports, daycare, school, etc.) requested by a third party are not covered by insurance. The fee for this exam is due before the exam at the time of check-in. If you would like further explanation of this policy, please speak to the Office Manager.

REGARDING INSURANCE

Insurance is a contract between you and your insurance company. We will inform you if we are a party to your insurance contract and will handle your claims according to our agreement with the insurance company. For the insurance plans with which we participate, we will file claims for you. PLEASE BE AWARE THAT MOST INSURANCE COMPANIES HAVE A TIMELY FILING REQUIREMENT. IF YOU DO NOT GIVE US YOUR INSURANCE INFORMATION WITHIN 2 TO 4 WEEKS, YOU WILL RISK HAVING YOUR CLAIM REFUSED. Should this occur, you will be responsible for the charges.

Providence Pediatric Practice must be able to establish eligibility with your insurance company for you and/or your children within 60 days of the first date of service. If eligibility cannot be verified by 60 days, the visit charges will become your personal responsibility.

YOU ARE RESPONSIBLE FOR RESPONDING TO ANY CLAIMS INQUIRIES SENT TO YOU BY YOUR INSURANCE COMPANY. FAILURE TO RESPOND TO THESE INQUIRIES WILL RESULT IN THE FEES CHARGED BY OUR OFFICE TO BECOME YOUR PERSONAL RESPONSIBILITY.

WE WILL NOT BECOME INVOLVED IN DISPUTES BETWEEN YOU AND YOUR INSURANCE COMPANY REGARDING DEDUCTIBLES, CO-PAYMENTS, COVERED CHARGES, SECONDARY INSURANCE, "usual and customary" charges, etc., other than to supply information as necessary. Patients with "coordination of benefits" should speak with someone from our Billing Department within 3 business days of the time of the first date of service.

Please Note: If you refuse a vaccine that has been consented for and drawn up, you may be responsible for the cost of that vaccine as it will spoil if not administered.

YOU ARE RESPONSIBLE for the timely payment of your account. All patients will pay copays, deductibles, co-insurance, or amounts not covered by insurance, at the time of the visit. Any outstanding balance after insurance has paid on a bill is due with the FIRST BILLING to you. If you do not pay your copay at the time of your visit, there will be an additional \$10.00 billing fee.

If you are in a separation or divorce situation, COPAYS MUST BE PAID AT THE TIME OF SERVICE BY THE PERSON WHO BRINGS THE CHILD FOR TREATMENT. It is your responsibility to get reimbursement from the person who is financially responsible for your child.

If your child has laboratory tests, X-Rays or any other studies ordered by this practice, expect to receive a call with results whether normal or abnormal within one week. Please call the office if you have not received the results so we can track the results and contact you.

BY SIGNING BELOW, I ACKNOWLEDGE MY UNDERSTANDING AND WILL ABIDE BY THE FINANCIAL POLICY OF PROVIDENCE PEDIATRIC PRACTICE.

Parent/Legal Guardian/Patient

Signature _____ Date _____

Patient Name (s) _____

This policy is subject to change without notice.

1/1/2022

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