



# OFFICE AND BILLING POLICIES

User

Your guide to Office and Billing Policies at iPediatrics

## **Insurance:**

We currently participate in most health insurance plans. It is your responsibility to keep us updated with your current insurance information. Insurance ID cards need to be presented before each office visit. It is very important that you understand your insurance plan benefits. You should know if your insurance covers routine immunizations, well and sick visits. If you are required to choose a primary care physician (PCP), it is your responsibility to make sure that Kristen DePuyt, APN or Erinn Morr, APN appears on your card. All newborns have to be enrolled/added to their parent's insurance policy as soon as possible after your baby is born.

## **Scheduling Appointments:**

You may call for appointment between the hours of 9am-5pm Monday – Friday. We are closed for lunch between 12pm-1pm.

Refer to the following for scheduling well child visits:

Newborn – please check with your insurance to see how many well visits are covered in the first year of life. Typically your child will have 7 well visits in the first year of life.

For check-ups between 18 month to 3 years - many insurance companies require a full 6 month between each visit. Please contact your insurance company to see if they have this time restriction.

For ages 3-21 - some insurances allow 1 check-up per calendar year, others allow 1 check-up every 365 days. It is your responsibility to check with your insurance company and find out which protocol your insurance company uses.

It will be your financial responsibility if your insurance carrier does not cover your well visit due to it being too soon for your well visit.

## **Payments for Services:**

All payments for services are expected at the time of the visit. This includes co-payments, deductibles and any previous balances. We accept, cash, personal check and credit cards. There is a \$20 charge for all returned checks. We will bill your insurance company at the time of your visit. If there is any outstanding patient responsibility from your insurance carrier you will receive a statement and payment is expected within 30 days. We will be unable to make appointments for patients whose accounts have balances \$200 or greater or if you have an outstanding balance longer than 90 days. Once your balance has been paid or a payment plan is in place we will be able to schedule your appointment.

If it is necessary to send you more than 2 statements to collect your balance, there will be a \$20 recurring billing fee per month for each month the bill is outstanding. This fee is to cover the expense associated with sending multiple monthly statements.

### **Camp and School Forms:**

There is no charge for a school form completed at the time of your child's well visit. There is a \$5 charge for completion of a form not presented at the time of a visit. This fee must be paid in advance. Please allow 3-5 days for the processing of all forms.

### **Medical Records Release:**

There is a fee to cover the cost associated with printing your medical records. We charge \$1.00 per page or \$100 for the entire record, whichever is less. The minimum fee for your child's medical record is \$10.

### **In-office lab tests and Fees:**

We offer in-office lab tests as a courtesy to our patients, as many times parents would like to know as soon as possible if their child is ill. Many insurance companies do not cover in-office lab tests. For charges not covered by your insurance, refer to the fees below associated with in-office lab tests. We do not accept insurance reimbursement for blood testing when done in the office during a routine well visit.

Hemoglobin testing	\$20	Rapid Strep	\$20
Lead testing*	\$20	RSV	\$25
Cholesterol	\$5	Mono Spot	\$20
Urine Culture	\$20	Rapid Flu	\$20

\*The fee for a Lead test is \$5 when done in conjunction with another test

### **Referrals to specialists:**

Insurance regulations prevent us from making referrals to specialists unless your child has been seen by us for the specific problem. We cannot make 'retroactive' referrals (meaning dating them prior to your request for one). For any new referral requests, please call our office and schedule an appointment so that we may evaluate the issue and make recommendations from there. You may not need to be seen for follow-up referrals (for example, if the specialist is providing on-going care and another X number of visits need to be authorized). In those cases, please call our office with details and allow at least 5 business days for processing, except for emergencies.

**Missed Appointments:**

Missed appointments are a cost to us and other patients who could have used the time set aside for you. If you are unable to keep your appointment please call our office to reschedule. Failure to call the office and cancel will result in a \$25 fee.

## Waiver Form and Acknowledgment of Receipt of Policies

I acknowledge that I have received iPediatrics, LLC office and billing policies guide. I understand my financial responsibility for any balance resulting from non-covered services, services not covered in the office by my insurance company or any administrative fees from iPediatrics, LLC.

- I prefer a prescription to bring my child to the assigned laboratory to perform any lab work.
  
- For my convenience, I prefer to have my child's lab work drawn and/or processed in the office for the fees outlined in the guide.

Patient Names: (Please list all family members in our practice)

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Guarantor/Responsible Party's Name:

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Guarantor/Responsible Party's Signature:

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_