

Arundel Pediatrics

Office Policy & Financial Agreement

Thank you for choosing our practice. We want to make your experience at Arundel Pediatrics a positive experience.

Due to the complexity of insurance, we feel that we can no longer assume that patients fully understand the relationship between the insurance company, the physician and their personal insurance policy. In an effort to define these matters more clearly, we have developed a set of guidelines regarding office policy, financial responsibility, and general office information. If you have any questions, please ask an office staff member for assistance.

HOURS OF OPERATION/PHONE HOURS

Linthicum Office

Office Hours: Monday - Friday 7:30am - 5:00pm

Phones: 7:30am - 5:00pm

Office Hours: Saturday 9:00am – close

Phones: 8:00am - close

Arnold Office

Office Hours: Monday - Friday 8:00am-5:00pm

Phones: 7:30am-5:00pm

Please note that Saturday hours are same day sick only and are on a first come first serve basis. It is a good idea that if you are planning on scheduling a Saturday appointment, be sure that you are prepared to come to your appointment prior to scheduling. These appointments are scheduled in time sequence and are given out in 10 minute increments. Being prepared for your appointment allows us to accommodate as many sick appointments as needed in a short period of time.

Please note that in the event of the office closing during regular business hours for any reason (holidays, weather, emergent issues, etc.) there will be a recording on the phone in place of our regular office recording. If you reach this message it is safe to assume that we are not in the office. Please do not leave any urgent messages on the machine as they will not be checked until the next open business day. If it is an emergency and cannot wait, please seek the proper and most appropriate medical care needed or you may have the **doctor-on-call** paged at **443.481.1000**. Please know that our doctors are on call 24 hours a day 7 days a week for issues that absolutely cannot wait.

***Additional inclement weather information can be found as a News Announcement on our website www.arundelpediatrics.com and as a post on our Facebook page. Please check the website, Facebook page or call the office before coming to your appointment.**

Emergency Physician on Call

443.481.1000 or 443.481.3082

Ask-a-Nurse 7:00am-1:00am daily

443-481-4000

EMERGENCIES

Call 911 or go directly to the closest emergency room. The emergency room will contact your physician.

APPOINTMENTS

Appointments are scheduled to accommodate the physician's schedule so that they may provide the best care for their patient. We recommend that you schedule Well Visits, Sports Physicals, ADHD and ADD Reviews and Consults **two months** in advance as they do book rather quickly. Same day sick visits are given on a first come first serve basis.

BEFORE HOURS APPOINTMENTS

Before hours appointments are billed to your insurance company to reflect the before hours service that was provided by your provider at the time of your visit that is outside of our regular business hours. Before hours appointments consist of but are not limited to **Monday-Friday 7:30am-8:30am** in the Linthicum office and **Monday-Friday 8:00am-9:00am** in the Arnold office and all **Saturday appointments and Federal Holidays**.

Your insurance company will be billed for this service however not all insurance companies cover this fee. In the event that your insurance company does not cover this expense, it will be your responsibility to pay this portion of your bill. You may contact your insurance company prior to the visit to see if this is a covered service so that you can make an informed decision.

WELL VISITS NOTICES

During your child's well visits for preventive care, you may be asked to complete certain screening questionnaires. We use these items to help us assess both development and health exposures during your child's growth. We feel strongly that these are necessary and important to your child's overall well being, and we follow the guidelines for preventive health screening as set forth by the AAP and the Maryland State Board of Health. We will submit to your insurance for these services, if your insurance does not cover these services, you will be responsible for the balance. Please feel free to discuss this with your provider and please feel free to contact your insurance carrier to inquire about coverage. Additionally, your provider can help you understand what these screening are for and when they are most important for your child.

Please be advised that a Well Visit is considered your annual physical and is not a visit to diagnose and/or treat other health issues that are new or chronic in nature; rather you will need a separate office visit to assess these concerns. Your provider may elect to conduct a Well Visit and an Office Visit at the same time of service and you may incur additional fees such as co-pays, deductibles, co-insurance, etc. for these services.

LATENESS, CANCELLATIONS & NO SHOWS

If you are more than 15 minutes late for your Well Visit or Consult appointment, we reserve the right to reschedule the appointment. If you are more than 15 minutes late for your Sick Visit, you will forfeit your scheduled appointment time and will be rescheduled for the next available open appointment time.

Well Visits, ADHD and ADD Reviews, Sports Physicals and Consults require no less than 24 hours notice of cancellation. Same Day Sick Visits require no less than **three** hours notice. Patients who no-show for a double visit will be restricted from scheduling double appointments in the future. **We will charge you, not your insurance company, a No Show/Cancellation Fee in the event that you either miss your appointment or do not allow the amount of time required for cancelling the appointment. The fees for missed appointments are as follows:**

Well Visit \$35 fee Consult \$50 fee Sick, Follow-up, or Same day Visit \$25 fee

*In the event of **three** No Shows, you may be dismissed from our practice. Patients with a Managed Care Plan through the State of Maryland or Medicaid Insurance will be reported for excessive No Show's.*

PRESCRIPTIONS

Arundel Pediatrics processes prescription refills on weekdays only. We do not process prescription requests on weekends. When requesting refills, your chart has to be reviewed by your physician before a prescription can be filled. Our office requires **three** business days to process a prescription request. Prescriptions may be requested over the phone or online at our website via the patient portal at www.arundelpediatrics.com. If your child is on a medication that is refilled on a monthly basis, please plan accordingly when requesting prescriptions. We will not mail prescriptions unless a self-addressed stamped envelope is provided. Controlled substances cannot be called into a pharmacy. **Same day or rush prescriptions for routine medication refills are available for an expedited fee of \$10.**

FORMS

School, Daycare, Sports physical and other forms require **three** business days to complete unless presented at the time of a well child visit. Forms dropped off, except during well child visits, require a **\$10** processing fee. **For rush or same day turnaround of forms, there is an additional rush fee of \$10 (for a total of \$20).** We do not mail forms, however you may provide a self-addressed stamped envelope for mailing.

REFERRALS

In the event that you require a referral to see a specialist, you must first schedule your appointment, before a referral can be issued. Our office requires **five** business days to process a referral. You may go to our website www.arundelpediatrics.com to request referrals or you may phone a request to the office referral line. Please leave all pertinent information for the referral to be processed. Your referral may not be processed if all information is not given at the time of the request. The referral will be faxed to the specialist once it has been processed. Referral requests are only honored prior to the patients appointments. **We will not backdate referrals.** We are under legal obligation to all insurance companies to process referrals according to Maryland State Law.

QUESTIONS FOR THE DOCTOR

If you have a question about your child, you may leave your physician a message on the Provider Hotline. Please leave specific details about your child and what you are calling about on the Provider Hotline. The Provider Hotline is checked regularly throughout the day when the physician is in the office. Please do not leave emergency or urgent matters on the Provider Hotline. In the event of an urgent matter, call 410-789-7337 and relay the message to the front desk staff so that it may be handled in a timely and appropriate manner.

You may also use the Patient Portal via www.arundelpediatrics.com to access your provider for patient questions that are not of an urgent matter.

INSURANCE, DEDUCTIBLES, CO-INSURANCE & CO-PAYS

Arundel Pediatrics currently participates with most insurance companies. Please check with the staff to verify our participation in your insurance plan. You must have your **Primary Care Physician (PCP)** selected on your child's insurance card at this location for your child to be seen on any date of service.

You must present your most recent insurance card at each visit to verify the correct information.

If patient has more than one insurance see below for the following instructions:

- A. Two Commercial Insurances**-the primary insurance will be determined by the birthday rule. Whichever parent's birth month comes first in the calendar year will be the primary policy with the exception of the plans listed below.
- I. State Insurance with Commercial Insurance**-State insurance is always secondary.
 - II. Military and Commercial Insurance**-Military insurance is always secondary.
 - III. State Insurance and Military Insurance**-State insurance is always secondary.
- B. See our Coordination of Benefits Section** below for pertinent information regarding two policies.

Depending on your insurance plan, you may have a co-pay, co-insurance and/or a deductible due at the time of your visit (some plans have a combination of two or three of the aforementioned items). A **Co-pay** is a set dollar amount that you owe at the time of each visit. A **Co-insurance** is an amount required by some insurance carriers that is above the deductible and co-pay amounts. A **Deductible** is a set amount that you owe before your insurance begins paying toward your services. *Co-pays are due at the time of service. If you refuse to pay your co-pay at that time, you may be denied care for that date of service. Any co-pays that are unpaid at the time of service due to the inability or refusal to pay for any reason are subject to an additional fee. As a courtesy, you will have until 4:00pm on the same date of service to furnish payment or be charged an additional surcharge of \$15 per unpaid co-pay. Please ask the front desk for more details. Any balances that you may have incurred from prior or present dates of service will be collected when you visit our office.*

Co-Pay Policy

Effective 10/13/2014 all scheduled office visits will require a co-pay to be paid at the time of service. This includes Sick Visits, Consults, Pre-op Visits, Delayed or Catch-Up Vaccine Visits and any other regularly scheduled Office Visit. The only exception is the annual Well Child Visit. Flu shots, Flumist, 2nd dose Hepatitis A and 2nd and 3rd dose Gardasil Visits are considered clinic visits and will not require a Co-pay at the time of service.

COORDINATION OF BENEFITS

Coordinating your benefits helps your insurance company process your claims faster and maximizes your benefits, which can lower your out-of-pocket costs.

It's important that you keep your information up-to-date. Your insurance company will send you a letter from time to time asking if you have any additional coverage. Please respond to that letter. If your insurance company does not receive your response within 45 days, they may start rejecting your claims. As a courtesy, Arundel Pediatrics will submit insurance claims to your insurance company on your behalf. In the event that your coordination of benefits form has not been submitted and/or processed and your claim has been rejected, you will be responsible for payment of the claim to Arundel Pediatrics and we will provide you with the necessary documentation for you to submit to your insurance company for reimbursement.

UNINSURED PATIENTS

For any patient without current active insurance, non-participating insurance plan or a lapse in coverage, we are happy to see your child for a visit according to the fee schedule listed below.

We are happy to provide you with a detailed billing summary for submission to your insurance company if non-participation or lapse in coverage has deemed your child/ren a self-pay patient on the date of service.

Effective May 8, 2012, all self pay patients will be placed on a discounted sliding fee schedule. In order for the patient to receive the discounted sliding fee schedule rates, payment for services must be paid in full at time of service. If you have a question about the discounted sliding fee schedule, you may contact the office.

NEWBORNS

Congratulations on the birth of your newborn baby! Below is important information regarding insurance coverage. It is extremely important that you notify the insurance company immediately following the birth of your child to initiate the process of enrollment. Your visits during the first 30 days will be billed as a Self-Pay/Temporarily Held Claim while we are waiting for your insurance company to add the new baby to the existing policy. If our office is not able to verify insurance coverage with the insurance company after your child's 31st day of life, then we must assume that your child is uninsured and the visit will become patient responsibility in addition to all previous visits on our Sliding Fee Schedule. Once you have obtained the new insurance information from the insurance carrier, please notify our billing department so that we may retroactively submit your claims for processing.

Common Issues You Should be Aware of:

1. Make sure that insurance policy is effective on the Date of Birth, NOT Date of Enrollment.
2. Make sure the following are correctly indicated and documented when adding the baby to the policy, Name (correctly spelled), Sex of the baby, Date of Birth, Birth Certificate (insurance will require a copy of the temporary birth certificate).
3. Primary Care Physician is correctly selected.
4. State Insurance-please check our list of participating insurance plans and enroll your newborn online with the Maryland Health Connection at www.marylandhelathconnection.gov.
5. **If patient has more than one insurance see below for the following instructions:**
 - A. **Two Commercial Insurances**-the primary insurance will be determined by the birthday rule. Whichever parent's birth month comes first in the calendar year will be the primary policy with the exception of the plans listed below.
 - I. **State Insurance with Commercial Insurance**-State insurance is always secondary.
 - II. **Military and Commercial Insurance**-Military insurance is always secondary.
 - III. **State insurance and Military Insurance**- State insurance is always secondary.
 - B. See our **Coordination of Benefits Section** above for pertinent information regarding two policies.

ACCOUNT BALANCES

Account balances may consist of any unpaid co-pays, deductibles, co-insurances or any balance that the insurance policy did not cover for a date of service. Balances are expected to be paid in full at the time of service. In the event that you cannot afford your entire balance, you may pay 20% of the total balance and set up a payment plan for the remaining balance. You may also pay your balance online via the Patient Portal at www.arundelpediatrics.com.

COLLECTION EFFORTS

We will make every effort to work with you to make payment arrangements should your bill become outstanding. As a courtesy to you, we will file claims with your insurance carrier. You are ultimately responsible for the charges for the services provided to you. You will receive a monthly statement reflecting balances still outstanding from your insurance carrier for which you are responsible. In the event that your account becomes outstanding, your payments must be regimented to clear your account within a six month period. *If you do not meet your financial obligation, and you refuse to pay on your balance, we reserve the right to refuse care for any and all subsequent visits.* **I am aware that I am responsible for my bills in the event the insurance company denies any claims.**

METHODS OF PAYMENT

For your convenience, we accept cash, personal checks, MasterCard and Visa. There is a \$35.00 fee for all returned checks. In the event of two returned checks, we will only accept cash or credit card.

MEDICAL RECORDS

In the event of that you elect to transfer of care to another practitioner, you may request for your medical records to be copied for the new provider. You must sign a Release of Records Authorization for the chart and pay a chart copy fee (inquire about fee as it fluctuates per Maryland State Law). We will copy the chart and notify you when it is completed. You must sign for the records and transport them to the new provider. We will not mail medical records unless a self-addressed stamped envelope is provided to our office. We will not fax medical records.

I have read and understand the office policies and procedures and agree to adhere to the specific guidelines outlined above. I am aware that if I do not comply with above stated guidelines, Arundel Pediatrics reserves the right to terminate care.

VACCINES

By signing this policy you are acknowledging that you have read our vaccine policy that is posted in our offices and on our website at www.arundelpediatrics.com.

Parent Name: _____

Signature: _____

Patient Name: _____

Date: _____