

## AZKidsDoc Pediatrics Financial Policy

As pediatric providers, our relationship is with you and your child, not your insurance company. Since our practice has obligations that must be met, we ask that you agree to abide by our financial policies.

While the filing of insurance claims is a courtesy that we extend to our patients. Any and all deductibles and/or co-pays are **DUE AT THE TIME OF SERVICE**; unless payment arrangements have been made and approved in advance. Insurance coverage is an agreement between you and your insurance company for the payment of medical services. You are responsible for understanding your coverage benefits and guidelines for obtaining medical services. You are ultimately responsible for full payment of professional services, laboratory charges or associated costs incurred at the visit. Your clear understanding of this *Financial Policy* agreement is important to our professional relationship.

It is our desire to keep your medical expenses at a manageable level. Should you receive a bill from us and have financial difficulties in paying, please call us to discuss setting up a payment plan. If more charges are added to the balance, new payment arrangements will need to be made. We are happy to help and are here to assist you.

For your convenience we accept Cash, Check, Debit, Visa, MasterCard and Discover.

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### YOUR INSURANCE RESPONSIBILITIES

Please bring to **all** appointments the necessary and most current insurance information/card(s) so that we have the information to bill your insurance in a timely and accurate manner. The adult bringing the patient for an office visit must have the most current insurance cards to update our information at each visit, and pay the copays or deductibles due at the time.

- Please notify us immediately of any changes in insurance, address, phone number, etc.
- If you have more than one insurance, we are required follow guidelines set up by the insurance companies to bill according to the “birthday rule”. This simply means the parent first birthday in the year is considered primary, AHCCCS, Medicaid and military insurance is the payer of last resort. If you fail to report all insurances, the total balance is your responsibility.
- Insurance companies require that we file a claim within their “timely filing” limits. We do our best to follow all guidelines set forth by insurance contracts. Your failure to notify us of any changes to your insurance status moves the responsibility of payment to you.
- As set up in the insurance contracts, we are required to collect all co-payments at the time of service. If we must bill your insurance to determine your co-insurance/deductible balance, then our office requires payment within 30 days of statement. In these instances you should receive an Explanation of Payment (EOP) from your insurance company. Please check these for consistency with your plan allowances and for services rendered. It is important to understand the EOP, so if you have questions about how coverage with determined, call your employer’s Human Resource Department, or the insurance member service department. If you have questions about the services billed, please call us at 480 783-8964.
- Well-visits, camp, schools and sports physical examinations, immunizations, as well as other routine services may not be covered by some insurance plans. It is your responsibility to verify coverage for your child.
- Newborns – Please contact your insurance company as soon as possible after the birth of your child. Most health plans allow 30 days to add your newborn otherwise you may have to wait until an open enrollment period to add coverage for your new baby.
- Hearing and vision exams are often not covered.
- Telephone Evaluation and Management services by your physician will be billed to your respective insurance plan (No copay will be applied). At this time we do not provide Email/Internet Evaluation and Management services.
- Telephone Assessment and Management services by our nurses will be will be billed to your respective insurance plan (No copay will be applied). At this time we do not provide Email/Internet Assessment and Management services.
- Mental Health benefits are often different than medical benefits. Common conditions such as ADD, ADHD, Developmental Delays, Learning Disorders, Depression, Autism, Anxiety, Psychological Testing and others are usually considered under the mental health benefits of an insurance plan.
- Throat culture only and/or strep test is considered a nurse visit and an office visit charge will apply in addition to the charge of the lab test(s).

- During a periodic health exam additional tests or procedures may be ordered such as hearing and vision screening, immunizations and laboratory tests. According to AMA guidelines, when a patient presents for a periodic health exam with concerns that require evaluation beyond the scope of a routine periodic health examination, the coding must be adjusted to reflect the additional services performed. Insurance carriers do not cover the coding used to report these services as a periodic health exam. These services are subject to any copay, deductible or policy restriction that may exist. Further definitions of these criteria may be discussed with your physician.
- If your child is sick on the day of the well-child appointment, we can either see your child for the sick-visit and reschedule the well-visit or see the child for both. Insurance may not cover both the well- and sick-visit on the same day and you may be responsible for any remaining balance.

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## SELF PAY

- Full payment is required at the time of service.
- If you do not have your child's insurance card upon check-in and we cannot verify coverage, you will be considered a self-pay patient.
  - New patients to AZKidsDoc Pediatrics: All self-pay new patients will be required to make a deposit of \$100.00 at the time of the first visit with any remaining balance being billed to you.
  - Established patients with accounts in good standing: All self-pay established patients will be requested to make a deposit of \$100.00 at the time of a visit with any remaining balance being billed to you. If you are unable to make the \$100 deposit at the time of service we will request that you set up a monthly payment plan with us before your visit.
- As a self-pay patient all labs or imaging will be sent to or done through Sonora Quest Labs.
- For those who have no insurance, the Vaccines for Children (VFC) Program program will cover the cost of vaccines but not the administration fee of \$15.00 per vaccine.

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## YOUR FINANCIAL RESPONSIBILITIES

- We provide you with an itemized statement each time your child receives services.
- Please be prepared to pay your co-pay or deductible at the time of service; or if you do not have insurance, to pay for your visit in full.
  - For patients with **HMO plans**, co-payment is required at the time of service. The amount of co-payment varies with different plans. You are responsible for knowing the **co-payment** amount and **primary care physician** listed on each child's card.
  - For patients with **PPO plan**, payment is required at the time of service until the new year's deductible has been met. After that, we require co-payments or your liability to be paid at the time of service.
  - Any co-pays that are not paid on the day of the visit will be subject to an additional \$10 fee.
- The adult accompanying a minor to a visit and/or the legal parents/guardians are responsible for full payment (regardless of insurance coverage) and will be set up as the person who receives the bill (guarantor) and must provide complete demographic information including both parents dates of birth and social security numbers, current address and telephone numbers.
- AZKidsDoc Pediatrics will not be involved in negotiating between parents/guardians in legal disputes. In order to change a guarantor, the person who will receive future bills must complete and sign a *Change of Guarantor* Form.
- You are responsible for all balances not paid by your insurance carrier.
- Please pay your bill in full when you receive your statement or make payment arrangements with our Patient Account Services department.
- When checks are returned to us because of non-sufficient funds a \$25.00 charge will be added to your account and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared.
- We do offer a 15% discount (except on vaccines/supplies) to all patients who pay in full on the date of their visit. If you would like to take advantage of the 15% discount please let the receptionist know when checking in your child.
- Physicals, well-visit exams, attention-deficit/hyperactivity disorder checks, and the like may be rescheduled if there are outstanding balances or if a co-payment is not made at time of service.

- If you are experiencing financial difficulty, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent a child from receiving the care they need at the time they need it. However, if you ignore or fail to respond to your financial obligation, we reserve the right to discharge you from our practice. If payment is not received or arrangements made, we will assume you no longer want to have your children seen at AZKidsDoc Pediatrics. Your account may be sent to collection and all legal fees and collection expenses will be added to your balance.
- Existing patients with delinquent accounts, claimed bankruptcy, or have balances written off to bad debt: Payment in full required at time of visit less 15% (except on vaccines/supplies) unless your insurance covers 100% of the charges.

### **UNPAID BALANCES**

- Outstanding balances are due within 30 days, unless prior arrangements have been made with the billing department.
- A \$25.00 rebilling fee will be added to balances that remain outstanding more than 90 days and a certified final request for payment letter will be issued.
- Balances not paid in full within 10 days of the date on the final (third) request letter will be forwarded to a collection agency. The patient/responsible party will then be responsible for the amount due plus all costs of collection, including but not limited to:
  - All collection expenses charged by the collection agency
  - Court costs
  - Attorney's fees
  - Any discounts previously applied to the account may be reversed
- If your account is forwarded to a collection agency, we will continue to see your child on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

### **MISSED APPOINTMENTS/LATE CANCELLATIONS/NO SHOWS**

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments/no shows. For cancellations, 24 hours' notice prior to the appointment is requested. A \$50 fee will be charged for a missed appointment. After a third missed appointment in a family within a 2-year period, the family will be seen for 30 days as we must discharge from the practice due to a failed professional relationship. Please review our *Office Policy* for more information.

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### **FORMS AND FEES**

- There is a \$10 prepayment fee for the review and completion of school/child care forms not provided at the time of the well-child examination. A school/child care form is provided at no cost at every examination. Please keep the original form and photocopy for your child's school, camp, or activity. This will help you to avoid additional fees.
- A \$25 fee is applied to:
  - Physician letters.
  - Visits for alternative vaccine schedules.
- There is a \$1.00 fee per page up to 25 pages then .25¢ per page thereafter for copies of medical records and/or payment records of the care provided for your child for personal use. We require the payment of the fee in advance.
- We do not charge for the pertinent information contained in medical records provided to:
  - Another health care provider for the purpose of providing continuing care to the patient to whom the medical record pertains.
  - The patient to whom the medical record pertains for the demonstrated purpose of obtaining health care.
  - The health care decision maker of the patient to whom the medical record pertains for the demonstrated purpose of obtaining health care for the patient.

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### **CHANGES TO THE TERMS OF THIS POLICY**

We reserve the right to make changes to this *Policy* and to make such changes effective for all of our patients and staff. If and when this *Policy* is changed, AZKidsDoc Pediatrics will provide you, upon your request, with a revised *Policy*.