

## **Crested Butte Pediatrics, LLC FINANCIAL POLICY**

**(Effective July 30, 2017)**

Thank you for choosing Crested Butte Pediatrics, LLC as your children's health care provider. We appreciate your trust in us and the opportunity to carry out our mission statement, "*Caring for our Babies, Kids, and Teens.*"

Our office makes a great effort to get insurance companies to pay their share of the cost of this care in a timely manner. However, due to the recent changes brought on by the Accountable Care Act, this is becoming more challenging. We have therefore implemented a Financial Policy; please read and sign the policy acknowledgement form. If you have any questions, please discuss them with us.

### **PATIENT PAYMENTS**

Payment (co-payments or co-insurance) is due at the time of service. If your child/children have an outstanding balance, please make sure whoever accompanies the patient to the visit is prepared to pay it. We accept cash, check, or a credit/debit card to pay your account.

#### **FIRST STATEMENT**

Your insurance policy is a contract between you and your insurance company. This contract requires that we collect certain co-payment or prepayment amounts depending upon the type of insurance and insurance carrier at the time of service.

Regardless of your insurance status, when we determine that you owe a balance, we will mail a statement to the mailing address provided to us by you. If your address changes, you are responsible for notifying us. Payment is due upon receipt of the statement.

Please contact our office as soon as possible after receipt of your statement should you have any questions, or should you wish to discuss the outstanding balance. Should you need it, we can help you set up a payment plan with a valid credit card. One-third (1/3) of the total balance is due the first day of the payment plan. The credit card used will automatically be charged for the second and remaining third owed on a monthly basis. We require payment plans to be arranged before your bill is 30 days old. In the event that your insurance pays us after that time, you will be reimbursed.

## **PROMPT PAY DISCOUNT**

Crested Butte Pediatrics provides a prompt pay discount to those uninsured patients who pay for services at the time of service, thereby avoiding billing and collection costs by the practice. These discounts are set at 30% off the cost of a visit. Discounts do not apply to any services other than office services. Prompt pay discounts are not offered to insured patients where Crested Butte Pediatrics is contractually required to accept a specific fee schedule. However, we do everything we can to mitigate the expense of anyone who is underinsured.

## **SUBSEQUENT STATEMENTS AND UNPAID BALANCES**

If your account remains unpaid, subsequent statements will be sent to the address we have on file.

When your balance is 90 days past due, your credit card will be charged for the full amount owed. If declined, your account will be frozen and turned over to an outside collection agency for non-payment. Collection agency balances require that we will no longer be able to provide healthcare services to your child/children. We continue to provide 30 days of emergent care to give you time to find another physician, and we work with you through any current treatment plans. In this event, the Guarantor of the account agrees to pay any fees incurred by the collection agency.

## **INSURANCE COVERAGE**

While we make a good faith effort to verify your coverage, we are not liable to guarantee that the information given to us by your insurance is correct. It is your responsibility to know what services may or may not be covered by your insurance. We encourage you to refer to your benefits manual if you have any questions about covered services and work with us to make sure that these services are provided at the most cost efficient manner.

I agree to provide Crested Butte Pediatrics with the most current and accurate insurance information as it applies to my child's account. I will notify the office of any changes to insurance agree to the assignment of benefits. Finally, in the event that insurance information you provide delays payment, you will be asked to pay in full billed charges and seek reimbursement from your insurance provider directly. The insurance company gives us a very small window in which to file a claim, and incorrect insurance information usually delays this beyond their window.

## **THIRD PARTY PAYORS**

Our office does not bill third party payors, such as motor vehicle accident claims or worker's compensation claims. If you wish to see our doctors for a visit that would normally require us to bill a third party payor, you are required to pay for the visit and/labs in full as a self-pay patient, and we will provide you with what you need to submit the claim yourself.

## **CHILD ADVOCACY**

As an advocate for our young patients, Crested Butte Pediatrics will not intervene in any custody dispute or financial responsibility dispute between parents or other responsible parties. We will send statements to any one address provided; however, we cannot look to more than one party for financial responsibility.

## **MISSED/LATE CANCELLED APPOINTMENTS**

We require a 24 hour notice for cancelation of a Preventative Visit/Well Check-Up, and a 2 hour notice for a Sick Appointment. This courtesy will allow others to be seen in a timely manner. If you are more than 15 minutes late for your scheduled appointment, the physician will have to determine whether the appointment will need to be re-scheduled. Missed appointments will be subject to a NO-SHOW fee as follows:

1<sup>st</sup> Missed Appointment \$35

2<sup>nd</sup> Missed Appointment \$75

3<sup>rd</sup> Missed Appointment \$100

After the 3<sup>rd</sup> No Show, you may be asked to find another healthcare provider.

## **FEES**

Crested Butte Pediatrics reserves the right to charge the following fees:

Medical Records beyond 10 pages \$25.00

Missed Appointments/No Show Fees \$35/\$75/\$100

We welcome the opportunity to discuss any aspect of our financial policy. Please ask to speak with us if you have any questions, comments, or concerns. We thank you for your support and look forward to serving you in the future.