

# Child and Adolescent Health Specialists, PC

*Developmental-Behavioral Pediatrics*

*General Pediatrics*

*Clinical Therapy*



## Office Financial Policies

Thank you for entrusting us with the care of your children. As a small practice, we attempt to serve you as personally and efficiently as possible. To meet this goal we need your assistance.

Our office will gladly submit claims to your insurance on your behalf. You are ultimately responsible for knowing your policy benefits and limitations. We are happy to answer any questions you may have in advance of your appointment as we know this has become very complicated. Please be aware that some or all services may not be covered or may be applied to your deductible. If for any reason your insurance does not pay for services provided by our office, you, the patient, are solely responsible for the balance.

If you are changing insurances, please verify that our providers are listed as contracted with your particular plan; otherwise, you will be responsible for payment. **We are NOT contracted with ALL insurances or all plans under each insurance.**

Please inform us **immediately** and **prior** to your next appointment of any change in your insurance plan or medical coverage. This will allow us time to verify for you that your family's information is accurate with your insurance and that your coverage is in effect. We will need a copy of the insurance card and the date of effect in order to properly bill for services.

**If we are not able to verify your insurance coverage on the date of your appointment, you are responsible for payment at the time of your appointment.** We will provide you with the necessary information to submit your payment to your insurance to be directly reimbursed to you.

### **COPAYMENTS:**

**If you have an insurance-required co-payment, per our contract with your insurance, it is due and payable at the time of your child's visit.**

**We do not bill for co-payments.** We accept MasterCard, Visa and flex spending cards for your convenience, in addition to accepting cash or checks.

### **DEDUCTIBLES, CO-INSURANCE and NON-COVERED SERVICES:**

**If you have a cost share plan, we will bill your insurance for your appointment and submit the balance to you upon receipt from your insurance.**

***\*Insurance Disputes should be addressed directly with your insurance provider as soon as you become aware of them. Your insurance company has strict timelines for resolution of claims. Claims in dispute must be addressed within the first 30 days or finance charges will accrue.***

If you have questions regarding your insurance coverage or statement or need assistance to address your balance, please call the billing department (781-923-1838).

**Self pay balances are due on the day of the appointment. Plans with large deductibles that are unmet would be treated as self-pay as allowed by insurance.**

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## **BALANCES:**

### **Balances need to be addressed before your child's next appointment.**

Our office sends patient statements once we have processed your insurance payment or determination of patient responsibility. Payment is expected within 15 days of receipt of your statement and can be made by phone with your HSA or Visa/Master credit card. If arrangements are not made with our billing department, any outstanding balance greater than 30 days will incur a monthly billing fee of \$10 added to your balance. We understand that from time-to-time people experience financial difficulty. Please call and set up a payment plan so that we can continue to see your children and you don't incur additional fees.

## **OVERDUE PAYMENTS:**

### **If you have an overdue balance that has gone unaddressed, you will not be able to schedule an office visit for your child, except in an emergency.**

Balances that become 60 days in arrears without being addressed may be forwarded to a collection's agency. This means you have received multiple statements for an appointment that occurred over 3 months ago. Unless payment arrangements are made, we will have no other recourse than discharge from our care. You will be responsible for any collection and court fees.

We hope we *never* have to get to that point. We are more than willing to work with you, but we cannot if you don't contact us.

## **CANCELLATION FEES:**

Our office will leave a courtesy reminder call at the phone number you designate. Please note this is a courtesy. Not receiving a call or a message does not resolve your responsibility to manage your children's appointments.

We realize emergencies arise and that people are busy, however we have a waiting list of patients who are anxious for an earlier appointment. We cannot reschedule them without notice. Additionally, a great deal of effort is done prior to these appointments by verifying insurance and referrals, and reviewing your child's record and leaving confirmation calls. Not showing or giving notice for an appointment requires this all to be done again.

**Cancellation notice varies based on the length of time allotted for the appointment. Longer appointments require greater notice and carry higher cancellation without notice fees.** (fees subject to change without notice) **Please review the policy and be familiar with cancellation requirements appropriate to your appointment type.**

Thank you in advance for your commitment and partnership with us in providing the best care for your children.

Sincerely,  
All the Staff at Child & Adolescent Health Specialists