



Financial & Administrative Fee Policy **Effective January 1, 2023**

Sound Beach Pediatrics participates with most insurance plans. Each insurance policy is different, and it is therefore impossible for us to know what your particular benefits may be. Therefore, it is very important that you contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations will be at the time of service.

Preventive Visits and Problem Focused Visits

At preventive visits we cover a number of very specific components including screenings, immunizations and counseling. Occasionally your child may also have a significant health issue raised during a well visit too.

We will make every effort to accommodate and address non-preventative health concerns that arise during the well visit. But, if the non-preventative concerns raised require more time than our schedule allows, we may need to schedule a follow up visit.

If we can accommodate both preventative and non-preventative health concerns during the same visit, we will need to bill for the work incurred for both accordingly (as problem-focused visits typically require a copay and/or a deductible may apply). Your insurance will process the visit codes according to your plan guidelines, applying copay, coinsurance, and/or deductibles as applicable. Health insurance contracts dictate your financial responsibilities, and you will receive a bill for these additional services.

We are happy to provide more information about what is covered under preventive visits (generally, and by age).

Copayments and Deductibles

We ask that all our families that have insurance to make sure that their policies are active and to call or bring in any new insurance information prior to, or at the time of, any office visit. We bill all patients and families who have health insurance in accordance with the requirements of their health insurance coverage. In today's complicated health insurance

market, it is difficult for patients and families to understand how their insurance coverage works. We are obligated by law and by insurance contracts to code and bill for visits in accordance with the policies set forth by each health insurance carrier. Insurance company contracts determine how we must apply copays, coinsurance, and deductibles, and require that we collect from our patients that cost-sharing component. We require all families and patients to pay any and all fees due and payable on the date services are rendered.

Payment may be made by check or by credit card. We also accept Health Savings Account (HSA) cards for payment. We do not accept cash payments.

As indicated above, copayments, deductibles and coinsurance costs are contractual requirements from the insurance company that we must adhere to and cannot be written off by the office. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time that those services are rendered. We are happy to discuss arrangements for payment by installment if you need to do so.

Please ensure that if you are unable to bring your child in yourself, whoever brings the child to the office should be prepared to make payment for that visit.

Administrative Feeⁱ

At Sound Beach Pediatrics, coordination of care is central in making sure that our patients receive high quality healthcare. This means several hours are spent providing services that insurance does not cover, including providing a patient portal and filling out any forms needed for school, camp, sports, or daycare. These forms may include any school entry, annual school physical, sports and camp physical forms and medication forms (including for nebulized or inhaled medications, Epi Pens, and over the counter medications).

To utilize and access the portal and needed forms a small annual fee of \$50 per child will be charged. You may choose to opt out of the annual administrative fee and if you will not require any forms for your child (i.e. young infants not in daycare) then this fee does apply to you.

We can provide a general health form for your child through the patient portal, which is suitable for most purposes. This is an efficient method to deliver your health forms, as you can print these forms and your child's vaccine record directly from the patient portal at any time. And if you require special forms, please let us know at the time of your child's check-up and allow up to 7 business days for us to complete your child's health forms.

Rush health form requests disrupt our practice workflow and add strain on our staff. ***A rush fee of \$50 will be charged for any request for a health form <3 days.***

2001 WEST MAIN STREET | SUITE 132 | STAMFORD | CT 06902

TEL: (203) 363-0123 | FAX (475) 619-9855

www.SoundBeachPediatrics.com

Credit Card on Fileⁱⁱ

In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Your card will only be charged the outstanding amount that your insurance company determines to be 'patient responsibility', as spelled out in your Explanation of Benefits (EOB). Once your card is charged, a receipt will be sent to you by email.

If you would like to make arrangements to pay the amount by installments, please notify the office in advance of a visit and we can make arrangements to do so.

Patients Without Insurance Coverage or With International Insurance Plans

We are happy to provide cost estimates for families that are not part of the insurance networks in which we participate or that do not have any insurance coverage.

Practice Management of Owed Credits

Occasionally there may be an overpayment made on an account. In such cases, credits owed to patients after insurance claims are processed are labeled as "unapplied credits". Provided that there are no outstanding balances on the account, we ensure that a credit payment is refunded within 60 days of the initial credit.

No-Show and Late Policy and Fees

We are a busy practice. Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take that appointment slot. Therefore, we require **no less than 24 hours notice** for all cancellations. If you cannot notify our office in a timely manner, a **no-show fee for a sick visit of \$50**, and a **no-show fee for a well visit of \$100**, will be charged to your account.

Patients who arrive 10 or more minutes late for a sick or well visit may not be able to be seen. Late arrivals that cannot be accommodated are considered missed appointments. A no show fee will be applied (\$50 for missed sick visit and \$100 for missed well visit).

Termination of Practice-Patient Relationship

In rare instances, Sound Beach Pediatrics may ask a family to transfer care out of our practice. Reasons for this request may include, but are not limited to:

- Repeated no-shows or late arrivals, which is unfair to our providers and patients and strains our practice;
- Unkind and disrespectful treatment of our staff, which is never tolerated;
- Rude and / or disruptive behavior, particularly in our waiting areas;
- Refusal to pay fees owed to the practice (or refusal to an agreement to a payment plan);
- Irreconcilable differences in medical philosophy; and

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- Any other reason the practice, in its sole discretion, deems termination of the practice-provider relationship is warranted.

Additional Fees

Should a check payment be returned from the bank unpaid, we will pass along the a returned check fee of \$35.00.

I have read and understood the above policy and agree to it.

I select (please circle your choice) the following choice for our family's Annual Form Fee:

- Option 1 = \$50 per patient for 2023 (paid at the time of the first visit in 2023)
- Option 2 = Opt out of annual discounted form fee and pay a la carte for each form (\$45 per form completed)
- Option 3 = Opt out of form fee (no health forms required)

Signature _____ Date ____/____/____

Printed Name _____

Relationship to patient(s) _____

<u>Patient Name</u>	<u>Date of Birth</u>	<u>Amount</u>
1.		
2.		
3.		
4.		
5.		
6.		

TOTAL: _____

ii Please notify us if you have Medicaid or Medicaid HMO insurance