



### **Financial Responsibility Policy**

Capital Area Pediatrics, Inc. follows both State and Federal guidelines in billing for services rendered to our patients. This requires us to obtain specific information for each individual patient in the family including: Consent to Treat, Insurance Assignment Authorization, Medical Release Authorization, and individual demographic and insurance information. We understand that the collection of this information can seem overwhelming; however, it is necessary in order to provide you more efficient service.

Please read carefully the information listed below. If you have any questions, our office staff will be happy to answer your questions. Questions can also be directed to our billing department at 703-359-5105 or contact us through our website.

1. The parent or guardian that presents their child for medical services is the financially responsible party. Financial responsibility for services is not based on the primary insurance subscriber.
2. If there is a financial arrangement between individual parental parties concerning financial responsibility for medical care of their child, this arrangement is between the two parties and does not absolve the parent that brings the child for services from their financial obligation to our practice.
3. The parent/guardian must provide accurate demographic and insurance information prior to patient treatment. Based on Capital Area Pediatrics' contracts with various insurance companies, we must bill for these services within a timely manner (defined by the individual contracts). If it is found that the correct information was not provided by the parent/guardian for services rendered and we miss the timely filing time limit, the parent/guardian will be responsible for the entire amount owed for services rendered.
4. A valid government ID is requested at the time of service from the person authorizing the health care services for the child designated below. If ID is not presented, Capital Area Pediatrics has the right to refuse service. Please note that if this right is being granted to a caregiver (i.e. nanny or grandparent) that is not the child's legal guardian, there must be written authorization. The written authorization must be for a specified time period, and can be revoked at any time in writing. The legal guardian signing the authorization will be financially responsible for any services provided.
5. You will be required to present your insurance card at every office visit. Proof of coverage does not guarantee payment. If we participate with your insurance carrier, your co-payment will be collected at the time of your visit. Some managed care plans require that you select a Primary Care Physician (PCP). If your insurance information is incomplete or we are not listed as your PCP, you will be responsible for the entire balance due at time of service.
6. It is the parent/guardian's responsibility to know which benefits are not covered by the insurance program in which they participate, as the office staff does not have access to this information. Further, the parent/guardian is fully responsible for all fees that are denied as non-covered services, deductibles, coinsurance and/or co-payments. If the parent/guardian has questions concerning their coverage, they should contact their employer's human resource department, their insurance agent, or their insurance company directly. For your reference, we maintain service authorization forms on our website detailing our standard procedures, by visit, including our CPT codes and fees.
7. It is the responsibility of the parent/guardian to open and read the explanation of benefits sent to them from their insurance. If they believe there has been an error in processing their claim, they need to call the insurance company directly. Capital Area Pediatrics' billing department will be happy to assist in getting the claim resolved.
8. If the patient is uninsured or covered by an insurance plan that does not have a provider agreement with Capital Area Pediatrics, Inc., the parent/guardian is fully responsible for all fees.
9. Capital Area Pediatrics prefers that children not be seen unless they are accompanied by their parent or legal guardian. If an alternate authorized adult or unaccompanied minor (16/17 years of age) presents for services and the parent authorizes care, the parent authorizing treatment will be held financially responsible. If your minor child will be unaccompanied, please let our office know in advance.
10. If a minor child presents for services requesting privacy from their parent or legal guardian, this is their right based on Virginia Statute 54.1-2969. The minor will be financially responsible for services rendered, under conditions which minors are considered adults for purpose of consent. However, if the minor patient chooses, he/she may then decide to give up privacy rights and have their parents' insurance billed for the services in question. The parent will be required to contact our office to relieve the minor patient of financial responsibility.

11. Payment is expected at the time of service or in accordance with the practice's agreement with your insurance company. After an explanation of benefits from the insurance company is received, any balance that is determined to be patient responsibility is due within thirty (30) days. Should timely payments not be made, the services of an attorney and/or a collection agency may be retained. **If the account is turned over to a collection agency, additional collection liabilities will be assessed to the account.** The assessment equals \$10 per child with an outstanding debt. We reserve the right to discharge the family from our practice if the financial obligation is not met.
12. As a convenience to our families, Capital Area Pediatrics now offers storing credit card information into patient accounts. Credit card information is stored by Elavon, a secure credit card processor. **The credit card on file will only be charged for an amount not covered by insurance, up to a maximum of \$1,500, for services rendered.** You may cancel your Card on File agreement at any time by contacting the front desk of your Capital Area Pediatrics office.
13. Capital Area Pediatrics, Inc. charges a \$50.00 fee for all missed appointments and appointments canceled less than 24 hours before the scheduled time. Late arrival of 20 minutes or more is considered a missed appointment. As a courtesy to our patients, Capital Area Pediatrics attempts to remind you of scheduled appointments 2 days prior. Patients who consistently fail to present themselves for scheduled appointments will be considered chronic no-shows and may be subject to discharge from Capital Area Pediatrics.
14. A patient's medical record is the property of Capital Area Pediatrics, Inc., which maintains the record. The patient has the right to access or obtain a copy of the medical record. Charges associated with copying the medical records follow Virginia Code 8.01-413B. The Medical Records Release form outlines our associated fees and may be found on our website.
15. Capital Area Pediatrics has established an After Hours Triage program. Please remember that this service is intended to assist in urgent/emergency situations only and all other inquiries should wait until the office opens the next business day. A \$15.00 charge may be imposed in the event that our after-hours triage services are used for non-urgent inquiries.
16. Should your provider agree to see your child in the office on a Sunday or holiday for urgent/emergency care, there will be an additional \$30.00 fee for services rendered. This fee may not be covered by your insurance plan and will then be your responsibility.
17. On some occasions, providers may offer a consultation by phone to discuss your child's care. Charges for a phone consultation are based on time spent. Please see our service authorization forms for applicable fees at time of service. If the insurance determines that a portion of the payment is the patient's responsibility, you will be billed for the outstanding balance. This service may result in the need for a provider to see your child in the office within a 24 hour period. If this occurs you will not be charged for the telephone service, instead you will be billed for the office visit.
18. A \$10.00 fee will be charged for all forms. Bring all forms with you at the time of your visit. Please allow up to 7 business days for completion of all physical, camp, and sports forms.
19. If a check is returned for insufficient funds, a returned check fee of \$30.00 will be assessed.

If assistance is required in resolving a billing issue, contact the Billing Department at 703-359-5105 between 8:30am and 5:00pm Monday - Friday.

***Fees are subject to change. Current fees are available on Service Authorizations which may be found on our website.***

I understand by signing I have read and agreed to the policy listed above.

Patient Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_