



### Office and Financial Policies

Capital Area Pediatrics, Inc. (CAP) 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 to provide you with the most efficient service.

Please read carefully the information listed below. If you have any questions, our team will be happy to answer your questions. Questions can also be directed to our billing department at [billing@capitalareapediatrics.com](mailto:billing@capitalareapediatrics.com). **Fees are subject to change. Current fees are available on our Service Authorizations which may be found on our website [www.capitalareapediatrics.com](http://www.capitalareapediatrics.com) (Resources & Workshops/Forms/Medical Forms).**

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1. CAP cares for patients until they reach the age of 21. However, we will not establish a relationship with a new patient over the age of 18.
2. Minor children (any patient under 18 years of age) should not present for services unless accompanied by an adult except in instances where consent to treat is allowed by law (Virginia Statute 54.1-2969). On rare occasions, an exception to this policy will be made if approved by the provider in advance. **However, on no occasion will we perform invasive procedures (vaccines, blood draws, etc.) without an adult present.**
3. A patient's medical record is the property of CAP, 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 (*Resources & Workshops/Forms/HIPAA Forms*).
4. A valid government ID is requested at the time of service from the person authorizing the health care services for the child. If the right to consent to treatment is given to a caregiver (i.e. childcare worker or grandparent), there must be written authorization. The 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. The CAP Alternate Caregiver Authorization can be found on our website under forms. The patient **must** present with the parent or legal guardian on the first visit to our office.
5. Patients will be required to present insurance card at every office visit. Proof of coverage does not guarantee payment. It is the patient's responsibility to ensure that their insurance covers rendered and, if not, are responsible for any fees related thereto.
6. CAP 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, CAP attempts to remind you of scheduled appointments. Patients who consistently fail to present themselves for scheduled appointments will be considered chronic no-shows and may be subject to discharge from the practice. When a patient arrives late it is at the provider's discretion whether the child can be seen, or the appointment needs to be rescheduled.
7. Some insurance companies require a referral for your child to see a specialist. Specialists will require a referral at the time of service. We require 5 to 7 business days when completing routine referrals, with exceptions made for emergency visits. You must have an appointment scheduled with the specialist before you request a referral. Some insurance companies and/or procedures require a prior authorization which can take longer to process than a routine referral. It is your responsibility to contact the specialist's office and ask if they participate with your insurance.
8. A \$15.00 fee will be charged for all forms. Forms should be sent to [forms@capitalareapediatrics.com](mailto:forms@capitalareapediatrics.com) OR sent via the patient portal for completion, ensuring that the parent's section is completed. If your child has a well visit, you may bring forms with you at the time of your visit with the parent's section completed. Your child must have a current year physical before completing a school entrance form. Please allow up to 7 business days for completion of all physical, camp, and sports forms.
9. If a check is returned for insufficient funds, a returned check fee of \$30.00 will be assessed.
10. The parent or guardian that presents their child for medical services is the financially responsible party. Monetary responsibility for services is not based on the primary insurance subscriber.
11. If there is a financial agreement between individual parental parties concerning monetary 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.

12. The patient's co-pay is to be paid at the time of service and we request that PCP of record is CAP or a CAP provider if applicable. Accurate demographic and insurance information is required prior to patient treatment. If the correct information was not provided, the parent/guardian will be responsible for the entire amount owed. For your reference, we maintain service authorization forms on our website detailing our standard procedures, by visit, including our CPT (Current Procedural Terminology) codes and fees (*Resources & Workshops/Forms/Medical Forms*). If you believe there has been an error in processing your claim, you need to call the insurance company directly.
13. It is the parent/guardian's responsibility to know which benefits are not covered by the insurance program in which they participate. Further, you are fully responsible for all deductibles, coinsurance and/or co-payments and all fees that are denied as non-covered services, including charges for evening hours, weekends and Holidays. For your reference, we maintain service authorization forms on our website detailing our standard procedures, by visit, including our CPT codes and fees.
14. If the patient is uninsured or covered by an insurance plan that does not have a provider agreement with CAP, the parent/guardian is fully responsible for all fees. However, we offer a 20% discount if all services are paid in full at the time of service (excluding forms).
15. Should timely payments not be made, the services of an attorney and/or a collection agency may be retained. **If the account is sent 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.
16. As a convenience to our families, CAP offers credit card on file. Please ask a CAP team member about details or to set it up.
17. 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.
18. CAP may partner with third party vendors to offer additional services to our patients. If any fees are related to such services (e.g., ask a nurse service after hours), such fees will be disclosed and by using the service, this will be deemed consent to pay the fees related thereto.
19. We partner with Phreesia, a third-party vendor, for patient registration, copay and outstanding balance collection, clinical screeners, health campaigns and appointment scheduling. Use of Phreesia and all of its components is a requirement to be part of our practice.
20. It is a patient's sole responsibility to know what lab services are in-network and covered by their insurance.
21. With the birth of a child, most employer sponsored health care plans require enrolling the newborn within 30 days as a qualifying life event; as such, after 30 days from the date of birth, if the child is not added to insurance and active insurance presented, all care will be considered self-pay and is the parent or legal guardian's responsibility to pay in full at the time of service.

If assistance is required in resolving a billing issue, contact the Billing Department via email: [billing@capitalareapediatrics.com](mailto:billing@capitalareapediatrics.com)

**NOTE: As part of e-registration, as part of the visit process, the below is e-signed and incorporated as part of patient's attestations and records contained within our electronic medical record.**

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 \_\_\_\_\_