



Office 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 in order to provide you the most 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. **Fees are subject to change. Current fees are available on our Service Authorizations which may be found on our website (Resources & Workshops/Forms/Medical Forms).**

Office Policies

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, 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. nanny 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 at 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.
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 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 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 the 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 \$10.00 fee will be charged for all forms. Bring all forms with you at the time of your visit with the parent's section completed. Your child must have a current year physical prior to completion of 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.

Financial

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 agreement 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 patient's co-pay is expected 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 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. The CAP billing department will be happy to assist in getting the claim resolved.
4. 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.
5. 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 fees that are denied as non-covered services, deductibles, coinsurance and/or co-payments. For your reference, we maintain service authorization forms on our website detailing our standard procedures, by visit, including our CPT codes and fees.
6. If the patient is uninsured or covered by 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.
7. As a convenience to our families, CAP now offers credit card on file. Please ask a CAP team member about details or to set it up.
8. 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.

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.

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 _____