

Pediatrics West^{PC}

2018 Practice Policy & Procedures

All policies are subject to annual revisions

Welcome! We are happy that you have entrusted the care of your child to Pediatrics West, PC.

In this ever- changing healthcare environment we ask that you review our financial, and practice policies below to keep your costs to a minimum.

INSURANCE:

- Pediatrics West bills all insurance companies as a courtesy to our patients, but it is ultimately the parent/guardian's responsibility to ensure all services are paid in full.
- It is your obligation to present your insurance card at every visit. If your insurance changed and you are not in receipt of your new insurance cards, we ask that you know the details of your co-payments so you can pay it at the time of service. **Due to filing limits we will not be able to process to an insurance provided to our office over 60 days from the date of service.**
- Insurance companies' offer many different plans to their insured, there are 1,000's of them.
 - **Pediatrics West does not have access to your individual insurance plan benefits. It is the parent/patient's responsibility to understand what is covered and not covered.**
- For children under age 18, the person who brings the child in to the office holds financial responsibility.
- When a patient turns 18 he/she will become the financial guarantor of the account.
- **Primary Care Plans:** It is the policy holder's responsibility to be sure a Pediatrics West MD is listed as the patient's primary care physician for managed care plans. Failure to have a Pediatrics West PCP listed with your insurance plan will result in guarantor being responsible for the cost of the visit, or cancellation of booked appointments until the primary care physician has been updated with your insurance.

FORMS OF PAYMENT

Pediatrics West accepts a variety of ways for patients to pay their co-payments or outstanding balance:

- Online at pediatricswest.com
- Cash
- Personal Checks
- Flex Spending Accounts (FSA) or Health Spending Accounts (HSA)
- Visa, MasterCard, and Discover. (No American Express)

Co-payments are a contractual obligation between you and your insurance company. All insurance companies require that all co-pays **are payable at time of service. If for any reason you do not pay your copayment at the**

time of service, you will incur a \$10.00 surcharge. You may use a debit card that bears the Visa/MasterCard logo on them; however all debit cards will be processed as credit cards.

NEWBORNS

For our newborn patients, Pediatrics West will bill under the mother's insurance information, until the newborn has been enrolled under the family health insurance. If at 5 weeks of age, the patient is still not showing as an active member on the health insurance policy, any visit will be considered self-pay (*see un-insured section below*).

BALANCE BILLING

There are times when your insurance does not cover a charge. Pediatrics West reserves the right to bill you for any allowable non-covered charge, otherwise known as balance billing.

DISMISSAL FROM PRACTICE

Pediatrics West, PC encourages patients to keep all their scheduled appointments and follow through with treatment guidelines. **Patients who exhibit one or more of the following will be considered for dismissal from the practice:**

- Delinquent in payment and have been sent to collections
- Repeatedly missing or cancelling appointments without adequate notice
- Failure to comply with treatment plan
- Disorderly conduct to staff or other patient

WELL EXAMS / ANNUAL PHYSICAL

Pediatrics West recommends that each patient receive annual well child examinations. We recognize that coverage for these exams vary by insurance and may not be covered in full. The practice is willing to discuss payment plans for any hardships this creates as it is our strong recommendation that children be assessed yearly.

Many insurances are no longer requiring copayments for well exams, therefore you will not need to pay the copayment at the time of service, unless your card specifically states a copay for routine services. You may receive a bill for the co-payment should your insurance process it with one due.

During Well Exams, Pediatrics West may perform vision, hearing, developmental, and other healthcare initiative screenings as recommended by the American Academy of Pediatrics. When performed, these screenings are automatically coded in the electronic medical records and charged to your insurance in addition to the well child exam. Pediatrics West reserves the right to balance bill for the above named tests if your insurance does not cover them.

Any issues/concerns/illnesses discussed that are outside normal growth and development are automatically billed through the EMR as a **separate office visit charge**. This may incur a co-payment/deductible requirement with your insurance company.

Pediatrics West will supply one copy of the annual well child exam at the time of service at no cost. Subsequent copies are available for \$5.00 each, and any other forms needing to be filled out throughout the year will also require a \$5.00 fee.

The VEP (Visual Evoked Potential test) Diopsys Screening is done once a year at the physical for any children 6 months - 8years old. While most insurance companies cover this screening, you may incur a charge if your insurance does not cover it, and/or it may process toward your vision deductible.

2 ½ YEAR WELL CHILD

Beginning in January 2011, Pediatrics West is recommending an additional well child examination for all toddlers at 2 ½ years old. Many insurances will cover this exam, including Mass Health. Please check with your specific plan to see if this exam is covered. Pediatrics West will balance bill for this visit at a rate of \$150.00 if your insurance does not cover it and you opt for the visit.

IMMUNIZATION

Immunizations are billed with two codes: the immunization being given and a separate code for the administration of each component of that immunization. While we do not collect a co-payment for immunization only visits, your

insurance may require a co-payment. Pediatrics West will bill you for the co-payment and you will not be charged the failure to meet co-payment obligation at time of service. The maximum administration fee charged to VFC-eligible patients (who aren't enrolled with Medicaid) is \$23.

SECONDARY/SUPPLEMENTAL INSURANCE

Some patients may have two insurance policies. It is guarantor's responsibility to inform our office which policy is primary. We will bill your primary insurance, and as a courtesy file one claim to your secondary insurance for any remaining balance. Any balance due after your primary insurance payment will be considered guarantor responsibility. (*Mass Health patients are exempt from this policy*).

LAB and XRAYS

When a patient has lab work done at Pediatrics West the specimen is sent to a separate facility, Emerson Hospital, to have the tests performed. Emerson Hospital bills for the testing and Pediatrics West bills for the collection of the specimen. Please be aware that current medical protocols require specific screenings. Your insurance may not cover these charges. Please check your plan coverage as insurance companies offer many individualized plans to companies.

Pediatrics West uses Emerson Hospital as our laboratory facility. Your specific plan may require you to use a specified laboratory, other than Emerson Hospital, for in-network benefits. It is always the responsibility of the patient to understand their individual coverage. If you need to use any lab other than Emerson Hospital, you must inform our office at each visit. Please have this conversation with the provider while your child is being examined since the provider will be ordering the labs or tests. The front desk staff is not aware of any labs being drawn, samples collected or cultures performed at the time of check-in. You may be responsible for charges due to Emerson Hospital if you do not request a specific lab at the time of the visit.

At times a physician may choose to read a radiology film when medical urgency necessitates before a final radiology report may be received. We may bill additional time or a radiology code in such cases.

PEDIATRICS WEST BILLING DEPT IS UNABLE TO ANSWER QUESTIONS RELATED TO LABS DONE OUTSIDE OUR FACILITY. THESE QUESTIONS SHOULD BE DIRECTED DIRECTLY TO EMERSON HOSPITAL BILLING DEPT.

ADVANCED BENEFICIARY NOTICE (ABN)

You will receive an educational document that explains what an ABN is and when it is used. You will be asked to sign acceptance of this educational document. You will also be asked to sign an ABN when the visit necessitates.

AFTER HOURS CHARGE/ URGENT CARE

If there is a walk-in or unscheduled urgent care visit that interrupts the schedule, there will be an additional fee charged to your insurance company. Additionally, there is a charge to your insurance for services rendered on holidays, after 5pm, and weekends.

NO-SHOW/CANCELLATION FEE

A fee will be charged for any missed appointments or cancellations within 24 hours of the appointment as follows: Well Child exams will be charged \$75.

Consults (including but not limited to mental health, ADHD, pre-op,etc) will be charged \$75

A fee will be charged for any missed appointments or cancellations within 4 hours of the appointment as follows: Sick visits, \$50.

Immunization only and shots with nurse will be charged \$15

Upon request, we will offer each family a one-time courtesy waive per 12 month period for any no-showed appointment for any reason, because we understand that life with kids is busy. This will be documented in our billing records for reference.

IN THE EVENT OF INCLEMENT WEATHER

If your school district cancels due to inclement weather, we will waive all cancellation fees.

If your school district has an early dismissal due to inclement weather, we will waive all cancellations fees beginning at noon time.

If your school district has a delayed opening, we will waive all fees for cancellations for the morning. Any appointments after 11:00 A.M. that are cancelled will incur the fee.

If you do not call to cancel your appointment or fail to show for a booked appointment, you will be charged the no show fee. It is the patient's responsibility to communicate with our office regarding their ability to make their appointment.

Pediatrics West will continue to assess each impending storm and the needs of our patients and the practice. We will attempt to make courtesy phone calls to allow our patients the opportunity to reschedule for another day.

UNINSURED PATIENTS

Massachusetts offers affordable insurance plans for those residents who have no health insurance. If you need assistance with information, please contact our office.

If you have no insurance the following payments are required to be paid prior to receiving services. You will be balance billed for any additional costs incurred for the visit at a self-pay rate.

- \$100 for a sick appointment of an established patient.
- \$125 for a sick appointment of a new patient
- \$150 for a well visit. If you are coming in for a routine physical please let the provider and nurse know so you can receive state supplied vaccine
- \$23.00 for immunizations only

CREDIT CARD ON FILE

We offer the ability to store a credit card on file to auto charge balances (deductibles, co-pays, self-pay balances, etc). Patients who are requesting to set up a payment plan will be required to give us a credit card on file to auto-charge on a specific day each month until the balance is paid off.

ALLOWED CHARGES

Prior to receiving any services, and upon request by a patient/guarantor, Pediatrics West will provide an estimate of total charges. Please request an estimate of cost form, and you will receive an estimated amount within two business days.

TRANSFER OF RECORDS

A \$25.00 fee will be charged for any requested transfer of medical records. There will be a \$50.00 family maximum charge. For patient privacy, you will be required to complete a record release form prior to any charts being copied.

TELEPHONE CALLS

Occasionally, there are times when telephone advice from a provider warrants a charge. This charge will be billed directly to your insurance company. Your insurance may or may not cover these charges. Beginning in January 2011, we will begin to balance bill for these visits.

RETURNED CHECKS

Pediatrics West accepts personal checks as a form of payment. Checks that are returned from a bank for non-payment of any reason will incur a fee of \$25.00 plus the amount of the check. If the patient has two returned checks in a 12 month period, they will be placed on a cash or credit card only basis.

HEALTHCARE INITIATIVES

Most major health insurances implement yearly healthcare initiatives based on current health trends and may change from year to year. The purpose for these initiatives is to encourage healthy lifestyles and provide quality healthcare.

They encompass proactive medical care and testing including, but not limited to, Obesity Screening and follow-ups, screening for sexually transmitted diseases, and ADHD medications and follow-ups. Depending on your insurance initiative, these screenings and visits will be discussed with you and billed accordingly.

CREDIT BALANCES

You may request a refund check for any credit balances at any time during the fiscal year.

AUDITS

Medical Records at Pediatrics West are routinely reviewed and audited to ensure compliance with all insurance and regulatory guidelines.

ASTHMA EDUCATION

Pediatrics West offers asthma education services by a certified Asthma Educator. Your provider may recommend you see our Asthma Educator based on the severity of your asthma. We bill your insurance company for these services; however, you may be responsible for any portion of these services not covered by your plan.

NEUROBEHAVIORAL STATUS EXAM

Pediatrics West charges \$10 to administer baseline testing.

Pediatrics West charges \$5 for a copy of the results of baseline testing.

Follow up tests post-concussion may incur additional fees, including co pays where applicable.

FEE SCHEDULE FOR NON-CLINICAL SERVICES

In the last few years, non-clinical services, such as school forms, camp and sport forms, behavioral questionnaires, home health and home therapy forms, medication refills, pre-authorizations, school excuses, screening tools and referrals, have exponentially escalated in the pediatric population. All of these services include careful review of the patient's history and require time-consuming telephone calls and forms to be filled out.

Because these services are not covered by insurance, many offices are requiring an office visit for everything in order to be reimbursed for the increased staff expense. We know this solution can be inconvenient for parents. So instead, we are charging a modest fee for these supplemental services.

You will receive a standard well-child form annually free of charge at the time of your physical. Subsequent copies and other forms are available for \$5.00 each.

Pediatrics West, PC will charge the following fees for non-covered services:

Missed appointment (per patient)	\$15.00/\$50.00 /\$75.00
Supplemental Document Fee (per document)	\$ 5.00
Failure to meet co-payment obligation at time of service	\$10.00
Transfer of Records Fee (per patient) (\$50.00 family max).	\$25.00
Return Check Fee	\$25.00

Referral Guidelines for Managed Care Products

All policies are subject to annual revisions

REFERRALS

Common Terms:

In-Network: this means that the provider accepts the patient's insurance plan

In Referral Circle: Professionals within the Primary Care Physicians circle of specialist: Emerson Hospital then Mass General Hospital.

Managed Care Products: These insurance plans require patients to select a PCP and the PCP must manage their healthcare. The patient CAN NOT self-refer and must obtain approval from their PCP prior to any specialty visits.

PPO: These patients may seek medical care where ever they choose as they do not need referrals.

PCP: The Physician selected by the patient/parent to manage their healthcare. Our office does not maintain records of the patient's PCP.

- All patients requesting referrals must be referred by one of our providers. This is done through a visit or telephone call with the provider. The Referral Department can only process referrals approved by a Provider.
- Schedule your appointment with the specialist referred to you by your Pediatrics West provider. Log onto our web site at www.pediatricswest.com.
 - Select the referrals request tab
 - Complete the form
 - Click Submit
- If you do not have access to our web site or your appointment is in less than 10 days, call our referral department directly at 978-577-0420 for assistance.
- The following information is required:
 - Patient's name
 - Date of Birth
 - Name of Primary Care Physician
 - Caller's Name and Phone Number
 - Name of Physician making the referral
 - First and last name of Specialist
 - Reason for seeing Specialist (be specific to part or side of body *if applicable.*)
 - Date of Appointment
- Please allow up to ten (10) working days for the processing of any referral.
- If patient has a managed care product (HMO, POS, EPO), their insurance does not allow them to self-refer. The primary care office must coordinate, document and approve all specialty visits. Patients are responsible for understanding their insurance coverage.
- If you opt to see a specialist without PCP approval, you may be responsible for all charges incurred.

Emergency Room or College Health Care Centers may refer a patient to a specialist. You must contact your PCP if you have a managed care product in order to have your referral submitted for approval.