

# Pediatrics West<sup>PC</sup>

## 2025 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 responsibility of the parent/guardian to ensure all services are paid in full.
- Due to filing limits, insurance information must be provided to Pediatrics West within **60 days** of the service date. Failure to provide insurance within 60 days will result in the patient/guardian being responsible for the full balance of the visit.
- It is your obligation to present your insurance card at every visit. If your insurance changes 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.
- Insurance companies offer many different plans to their insured - there are hundreds of them. Pediatrics West does not have access to your individual insurance plan benefits. It is the responsibility of the patient/guardian to understand what is covered and not covered.
  - Insurance Responsibility: The patient is responsible for copays, deductibles, and coinsurance according to their insurance plan. Understanding how your plan works (like network requirements and costs) is important.
  - Visit Charges: The visit will be billed based on standardized medical codes, reflecting the services provided. Copays, deductibles, and coinsurance are determined by the insurance policy. Pediatrics West cannot alter or predict fees in advance.
- 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. If you do not have a Pediatrics West MD listed with your insurance, you will be required to sign a waiver accepting financial responsibility for the visit. Failure to update your PCP or sign a waiver will result in the cancellation of all appointments until it has been updated.

### SECONDARY/SUPPLEMENTAL INSURANCE

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

### HEALTHCARE INITIATIVES

Most major health insurances implement yearly healthcare initiatives based on current health trends and may change from year to year. The purpose of 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.

## **WELL EXAMS / ANNUAL PHYSICAL**

Pediatrics West recommends that each patient receive annual well child examinations. Please check with your insurance to see if they cover annual physicals once per year, or if they require 366 days between physicals. We recognize that coverage for these exams may vary by insurance and may not be covered in full.

Many insurance companies no longer require co-payments for well exams, therefore you will not need to pay the copayment at the time of service, unless your insurance card specifically states there is 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, they are charged to your insurance in addition to the well child examination. Pediatrics West reserves the right to balance bill for any tests if your insurance does not cover them.

Any issues/concerns/illnesses discussed during a physical that are outside normal growth and development are billed 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 examination at the time of service at no cost. Any other forms needing to be filled out throughout the year will require a \$5.00 fee.

## **BEHAVIORAL WELLNESS**

Effective April 1, 2024, Massachusetts law requires insurance carriers to provide a yearly annual mental health wellness exam. The mental health wellness exam is defined as consisting of a screen or assessment that seeks to identify any behavioral, developmental, or mental health needs and appropriate resources for treatment.

The exam may be provided by the primary care provider as part of an annual preventive visit or as a standalone visit. For details on the mental health law and wellness exam components, please refer to the [Massachusetts Division of Insurance Bulletin 2024-02](#).

For most plans, the mental health wellness exam is covered with no out-of-pocket costs for members when performed by a network licensed mental health professional or primary care provider. If you have questions regarding coverage, please contact your insurance carrier.

## **NEWBORNS**

For our newborn patients, Pediatrics West will be billed under the mother's insurance information until the newborn has been enrolled under the family health insurance. If at 6 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).

## **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.

## **IMMUNIZATIONS**

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.

## **LAB and XRAYS**

When a patient has lab work done at Pediatrics West, the specimen may be sent to a separate facility as not all labs tests are run in the office. Pediatrics West uses Emerson Hospital as our outside facility for lab tests/X-rays, therefore anything sent to Emerson Hospital will be billed by Emerson Hospital for the testing. Collection of specimens, if done at Pediatrics West, will be billed for by Pediatrics West. Please be aware that current medical protocols require specific screenings. Please verify with your insurance carrier if you have any questions regarding coverage of these.

If your plan requires you to use a specific laboratory for testing (other than Emerson Hospital) it is always the responsibility of the patient to understand coverage and notify the provider at each visit. You may be responsible for charges due to Emerson Hospital if you do not request a specific lab at the time of your visit.

At times, a physician may choose to read a radiology film when medical urgency is necessitated before a final radiology report is received. We may bill additional time or a radiology exam in some cases.

**PEDIATRICS WEST BILLING DEPARTMENT IS UNABLE TO ANSWER QUESTIONS RELATED TO LABS DONE OUTSIDE OUR FACILITY. THESE QUESTIONS SHOULD BE DIRECTED TO THE RESPONSIBLE LABORATORY BILLING DEPARTMENT FOR SERVICES.**

## **GUARANTOR**

A guarantor in a medical practice is an individual who agrees to take financial responsibility for a patient's medical bills. This person ensures that the payment is made for services rendered. Typically, the guarantor is a parent, legal guardian, or someone else who commits to covering the cost, either in full or through a payment plan.

- For children under the age of 18, the guarantor is the parent/guardian who is financially responsible for the patient.
- When a patient turns 18, they will become their own guarantor, per Massachusetts state law.
- The Guarantor does not need to be the insurance policy holder, these are two separate entities.

## **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.

## **FORMS OF PAYMENT**

Pediatrics West offers several different forms of payment options for copays and other outstanding balances:

- Patient Gateway (through Mass General Brigham)
- Pay as Guest at [pediatricswest.com](http://pediatricswest.com)
- Cash (in office only – do not send cash in the mail)
- Personal Checks
- Flex Spending Accounts (FSA) or Health Spending Accounts (HSA)
- Credit and debit cards (Discover, Visa, MasterCard & American Express)

Co-payments, co-insurance, and deductibles are contractual obligations between you and your insurance company. All insurance companies require that co-payments are payable at the time of service.

## **PAYMENT PLANS**

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. Payment Plans can be set up by calling the Billing Department, or you can create your own on patient Gateway.

### **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.). You can manage your payment options and methods on Patient Gateway.

### **CREDIT BALANCES**

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

### **UNPAID BALANCES**

Accounts not settled in a timely manner may be referred to a collection's agency or attorney, and the guarantor will be responsible for additional fees. All unpaid accounts are sent to TSI (Transworld Systems Inc). To inquire about your outstanding balance with TSI, please contact them at 877-865-7686.

### **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 down 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 for State supplied immunizations only

### **ALLOWED CHARGES**

Prior to receiving any services, and upon request by a patient/guarantor, Pediatrics West will provide an estimate of cost form that can be used to contact your insurance company to determine benefits. You will receive the form within two business days. Many insurances have their own form for this, please contact them first to obtain their form.

### **AFTER HOURS/WEEKEND CHARGE**

We understand that our families have busy schedules, so we take pride in offering late hours and weekend availability to accommodate your needs. Whether it's after standard business hours or on the weekend, we're here to ensure you receive the services you require at your convenience. Please note, due to the extended nature of these hours, an additional charge is billed to insurance for appointments scheduled outside of regular business hours. If insurance denies this service, the patient/guardian will not be held responsible, but we must report it to the insurance.

### **FEE SCHEDULE FOR NON-CLINICAL SERVICES**

In the last several 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 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 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.

Pediatrics West will supply two copies of the annual well child exam at the time of service at no cost. Any forms needing to be filled out throughout the year will require a \$5.00 fee.

As of January 1, 2019, Pediatrics West, PC will charge the following fees for non-covered services:

No Show Fees (per patient) \$50.00 /\$75.00  
Supplemental Document Fee (per document) \$ 5.00  
Transfer of Records Fee (per patient) \$25.00 (\$50.00 family max)  
Return Check Fee \$25.00

#### **NO-SHOW FEES**

A fee will be charged for any missed appointments as follows:

- \$75 No Show Fee including, but not limited to:
  - Well Child Exams
  - Sleep Consults
  - Lactation Consults
  - Mental/Behavioral Health Initial
- \$50 No Show Fee including, but not limited to:
  - Sick appointments
  - Procedures
  - Follow-Ups
  - Confidential Visits

We understand life with kids gets busy. Upon request, we will offer a One Time Courtesy Waive per family in a 12-month period. Your account will be documented in our Billing records for future reference. Frequent No Shows may be subject to dismissal.

#### **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.

#### **RETURNED CHECKS**

Pediatrics West accepts personal checks as a form of payment. Checks that are returned from a bank for nonpayment for 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.

#### **NEUROBEHAVIORAL (IMPACT CONCUSSION TESTING) STATUS EXAM**

Pediatrics West charges \$25 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 copays where applicable.

#### **APPOINTMENT TARDINESS**

If you are late for your appointment by 15 minutes or more, Pediatrics West reserves the right to reschedule your appointment to a later time or date. We will attempt to make accommodations for the same day depending on provider availability. However, if rescheduling isn't an option that day, you might have to see a different provider or go to another location, depending on availability.

#### **INCLEMENT WEATHER**

We understand that weather conditions can sometimes be unpredictable and affect travel plans. In the event of inclement weather, we strive to maintain our regular hours of operation. However, your safety is our priority. If weather conditions make it unsafe for you to travel to your appointment, please contact us as soon as possible to cancel or reschedule. If we remain open during inclement weather and you miss your scheduled appointment, a No-

Show Fee will be charged. This policy ensures that we can continue offering quality service to all patients, even during unpredictable weather conditions.

## **REFERRAL GUIDELINES FOR MANAGED CARE PRODUCTS**

**All policies are subject to annual revisions**

### **Common Referral Terms:**

- In-Network – This means 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 CANNOT self-refer and must obtain approval from their PCP prior to any specialty visits.
- PPO - These patients may seek medical care wherever they choose as they do not need referrals
- PCP: The Physician selected by the patient/parent to manage their healthcare.

### **Referral Process:**

- 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.
- The patient will be given a list of specialists within the Emerson or MGH circle and the Referral Information Sheet prior to them leaving the office. If it is via the telephone, the patient will receive the names and phone numbers of the specialists that they may choose using that same list.
- Once you have the name of the specialist, please contact our referral department at 978-577-0420, or visit our website [pediatricswest.com](http://pediatricswest.com) and complete the referral request online if your insurance requires a referral.
- Due to call volume, it may be necessary to leave a message. Please leave the following information after hearing the beep:
  - Patient’s Name
  - Patient’s Date of Birth
  - Name of Primary Care Physician
  - Name of the Physician making the referral
  - Specialist’s first and last name
  - Specialist’s NPI number
  - Your telephone number
  - Reason for seeing specialist (please note specific body part or side if applicable)
- Referral requests are processed in the order of which they are received. During high call volume, it may take up to 10 business days to process your referral.
- If patients have a managed care products (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. If you require referrals then you must contact your Primary Care Physician to obtain the name of an in-circle specialist.

## **AUDITS**

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

**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.

**DISMISSAL FROM PRACTICE**

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

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

**Pediatrics West Billing Department**  
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