



PATIENT FINANCIAL POLICY

Northside Pediatrics is committed to providing you and your family with the best possible care. We are happy to discuss our Financial Policy with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. The responsible party is the designated person to see that the entire bill is paid in full. Please feel free to call us at (812) 379-9524 with any questions.

Prepare for your visit:

- Always bring your current health insurance card(s) to every visit
- Always bring your photo ID with you
- Notify us of any changes in insurance, address, telephone, or family status
- Bring a form of payment to pay any co-pays or deductibles

Required Information for Insurance Filing:

As a courtesy to our patients, we will file claims with your insurance carriers (both primary and secondary) and will process EOBs and payments accordingly. In order to meet insurance companies' requirements to file in a timely manner, you must provide the name, address and date of birth of every patient, the patient's responsible party (for payment) and the insurance subscriber. We also need the subscriber's social security number, insurance ID, and group number.

If you do not provide accurate and complete information at the time of your visit and we are not able to file insurance in a timely manner (within 30 days from date of service), you will be responsible for any outstanding balance.

Payments due at the time of visit:

- Co-pays
- Self-insurance patient payments
- Any outstanding family balance

(If the responsible party is not bringing the patient to an appointment, it is his/her responsibility to arrange for payment at the visit.)

Unpaid balances & payment plans:

Your balance is due upon receipt of an initial statement. If your account becomes delinquent after 2 statements, your family account will be placed On Hold and further appointments may not be given until arrangements have been made.

If the balance remains unpaid after three statements, the family account will go into Collection status. Accounts in Collection status will be assessed a \$25 fee and will be sent to a collection agency.

We recognize that at times it may be impossible for families to make immediate payments. Please feel free to discuss payment arrangements or payment plan options with us. Plans can be set up for weekly, biweekly, or monthly payments by debit, credit or HSA card. New charges from visits after the payment plan is established cannot be added to existing plans automatically. Plans will always be expected to take care of an unpaid balance within 6 months.

Northside Pediatrics Fees:

Our fee schedule has been designed to represent usual and customary charges. It may not always agree with your insurance company's global, usual, and customary determinations. Our doctors follow established professional guidance to provide services that meet pediatric standards of care. This care may include routine health screenings (vision, hearing, anemia, lead, etc.), developmental assessments, mental health screenings, and charges for additional issues addressed at sick or well visits. *When acute and chronic problems are addressed at well visits, an additional office visit charge may be incurred.*

Lab fees for outside services or testing:

Northside Pediatrics is a CLIA WAIVED laboratory, meaning that not all necessary tests are performed in our office. Sometimes our doctors will order important tests that will be sent to the laboratory at Columbus Regional Hospital. These tests/labs will incur a separate bill from Columbus Regional Hospital.

Saturday & Holiday office hours:

Northside Pediatrics customarily provides Saturday office hours for emergent/sick care only and regular hours on some federal holidays. You may call the office on Saturday mornings to schedule an appointment if needed. There is an additional fee of \$25 that is charged for Saturday or holiday appointments. Many insurance companies pay for this service. However, if your insurance company does not pay for this charge, it is your responsibility to pay this fee, along with any other charges from a Saturday visit.

Returned Check Charge:

If your personal check payment is returned to our office due to non-sufficient funds, your account will have an additional fee of \$40.00 added to the current balance of the account. Your family account will be placed ON HOLD and no further appointments will be scheduled until the entire balance and return check fee have been paid. *You must pay by cash or credit card in order to pay your account. No further checks will be accepted.*

Divorce/Separation:

In the case of parental divorce or separation, the guarantor on the account is responsible for making all payments on the account. In cases where legal documents require one parent to be responsible for all payment, that parent will be listed as the guarantor. If legal documents require parents to split the payment, it is the responsibility of the guarantor to secure payment from the other parent.

Medical Records Fees:

As a courtesy, Northside Pediatrics will provide copies of your child's medical records after receipt of a signed Release of Records form from the parent or responsible party. These records will include only Northside Pediatrics official records and not records from hospitals, outside clinics, or other physicians. The fees for copying records are:

- \$20.00 flat fee for personal requests.
- \$30.00 flat fee for legal/insurance requests.
- Additional \$10.00 for emergency/rush processing.
- No charge for Medicaid or military requests.

Refunds & Overpayments:

Refunds and overpayments on your account will be processed upon written request or by calling the office. Checks will be paid to the order of the Guarantor or Responsible Party on the account. Please allow 30 days to process your request.