



## ESSENTIAL INFORMATION PLEASE READ

Updated 12/26/23

### FINANCIAL POLICIES

Kids First Pediatrics (KFP) has established the following policies with the intent to build a transparent relationship with our patient families. It is our hope that these policies assist in avoiding misunderstandings and allows us to provide the highest quality of care to all patients.

**ELECTRONIC COMMUNICATIONS & PROCESSES:** All KFP patients are required to check in through our secure check-in system using their mobile phone or one of our Phreesia Pads. KFP also recommends families create a patient portal account to facilitate refill requests, messages to the doctor, appointment requests and paying your bill.

**MISSED APPOINTMENTS/LATE RESCHEDULES & CANCELLATIONS:** The following will incur a \$50 No Show fee:  
1) Missed, rescheduled or cancelled well appointments, med-checks, or consults without 24-hour notice,  
2) Arriving more than 10 minutes late for a well appointment (may also be required to reschedule),  
3) Sick appointments missed, canceled or rescheduled less than 2 hours before the appointment time.  
Due to the impact on other patients, repeated missed appointments will result in being dismissed from the practice.

**PAYMENTS:** Payment for all KFP services is due at the time of service, including all applicable co-payments, co-insurance, deductibles and prompt pay discount program balances. You are financially responsible for any and all services not covered by your insurance. If we are unable to verify your eligibility for benefits, a credit card on file will be required to guarantee payment before well visits and immunizations.

**INSURANCE CARD & PHOTO ID:** The patient and/or parent is responsible for providing the most current insurance and demographic information, along with a photo id prior to each visit. KFP will bill the most recent insurance given. If the information is outdated or inaccurate, the claim will be denied and the parent will be responsible for the balance of the visit.

**TIMELY FILING:** Most insurance companies have a “timely filing” deadline. This means if we don’t receive correct insurance and demographic information to file a claim within a defined period of time, the insurance will not pay the claim and parent will be responsible for the balance.

**COORDINATION OF BENEFITS (COB):** Most insurance companies require the member to respond to Coordination of Benefits questionnaires on an annual basis. If the member does not respond to requests to confirm or deny other coverage, the insurance will not pay member’s claims and the parent will be responsible for the balance.

**CLAIM PROCESSING:** If your insurance carrier does not process your claim within 6 months of the date of service, you may be responsible for the balance.

**PRIMARY CARE PROVIDER (PCP) DESIGNATION:** If you have an HMO plan, you must ensure we are designated as your child’s PCP with your insurance company before your visit. Failure to do so may result in your insurance company denying your claim leaving you responsible for charges incurred.

**SECONDARY INSURANCE:** KFP does not file secondary insurance. You must provide the information for the primary policy. (Designating a policy as primary is determined by regulations from the National Association of

Insurance Commissioners.) If you choose to file to the secondary insurance on your own, you must request an itemized receipt at check-out for each visit.

**NON-COVERED SERVICES:** Be aware, some procedures (recommended by the American Academy of Pediatrics) may be ordered by the medical provider to better diagnose or treat your child and may not be covered in full by your insurance company. We will not be able to determine these specific procedures ahead of time. You are financially responsible for services not covered.

**WELL VISITS:** If a non-routine issue or symptom (considered by your insurance as a “sick” visit) comes up during the course of a well exam, KFP will document this as part of the medical history for treatment purposes and it will therefore be filed with your insurance company. If your policy deems this NOT to be part of your preventative care visits, you will be financially responsible for the additional co-payment, co-insurance, or deductible.

**OUTSIDE LAB FINANCIAL RESPONSIBILITY:** KFP is not responsible for charges incurred by lab tests ordered. We are only involved in placing a request for your lab studies and do not know what, if any, charges you will incur from the lab or from your insurance company. Once you have been notified that the lab requisition has been completed online, you may prefer to check with the lab, your insurance company or both to understand your financial responsibility.

**FORMS:** All forms received from the parent or school require time for the medical provider to review the patient’s chart before approving. Therefore, forms completed outside of an office exam will incur a \$10 fee due upon receipt. Requests for letters and forms requiring significantly more medical provider review time may incur additional fees.

**SCHEDULE I & II PRESCRIPTIONS:** Pharmacy charges for previously submitted electronic Schedule I & II prescriptions will incur a \$10 fee per prescription.

**PAYMENT PLANS:** If you are unable to pay your balance in full, an interest-free payment plan may be arranged with a credit or debit card and automatic payments set for scheduled dates. This excludes balances with the prompt pay discount applied.

**OVERDUE BALANCES:** We will send a statement to the billing address you provide notifying you of any balance over \$5. We are unable to send a statement to more than one address. Payment is due upon receipt. Past due accounts may hinder your ability to schedule future well visits. If you have any questions or dispute the validity of the balance, it is your responsibility to contact our billing office. Accounts over 60 days past due may be referred to an outside collection agency. If your account is assigned to a collection agency, you will no longer be able to receive services from KFP.

**SEPARATED/DIVORCED PARENT FINANCIAL RESPONSIBILITY:** The parent accompanying the child on their office visit is responsible for balances due unless a copy of the signed and executed court order is provided stating financial responsibility is otherwise allocated.

I have read and agree to the Financial Policies listed above.

\_\_\_\_\_  
Parent/Guardian Signature

*You may receive a copy of these policies upon request.*