



IMPORTANT INFORMATION

PLEASE READ

Updated 3/27/20

FINANCIAL POLICIES

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

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, cancelled 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. However, if you place a credit or debit card on file with KFP, we will submit your claim to insurance before processing your payment. All cards are stored in an encrypted format.

INSURANCE CARD & ID: Due to the ever-changing number of insurance plans, we are unable to always know if your plan is in network by name. Therefore, a current insurance card and picture ID should be provided before each and every visit so we can verify your benefits and timely file an insurance claim on your behalf.

PRIMARY CARE PROVIDER (PCP) DESIGNATION: If you have an HMO or Marketplace 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: There will be a \$10 charge for Schedule I & II prescriptions, not picked up and filled before their 21-day expiration date. Pharmacy changes for previously submitted electronic Schedule I & II prescriptions will incur a \$10 fee per prescription.

PAYMENT PLANS: If you are not able to pay your balance in full, payment plans may be arranged with a credit or debit card with automatic payments set for scheduled dates.

OVERDUE BALANCES: We will send a statement to the billing address you provide notifying you of any balance over \$5. Payment is due upon receipt. 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. Statements may be sent to both parents upon request and by providing mailing and email addresses.

You may receive a copy of these policies upon request.