

Heights Pediatrics – Office Financial Policy

Thank you for choosing Heights Pediatrics as your child's pediatricians and as one of our patients we would like to inform you of our current office financial policies. Once you have carefully read the following please sign this document and return to our office staff. If you have any questions, do not hesitate to ask one of our staff members.

1. Know your policy! Most plans have deductibles, coinsurances, and/or copayments that are solely your responsibility at the time of your visit. **Copayments are due at the time services are rendered.** The accompanying parent, grandparent, guardian, including babysitter is responsible for full payment at the time of service. We accept cash, check, Visa, Mastercard, Discover and Amex. You also have the option of leaving your credit card on file to be charged as balances accrue. If a personal check is bounced you will be charged a fee of \$35.00 plus the cost of the original balance. Copayments not collected at the time of visit will be charged a \$10.00 fee plus the amount of the co-pay.
2. On arrival, please sign in at our front desk and present your most current insurance card. If the insurance company that you present is incorrect, you will be responsible for payment of the full cost of the visit and will be required to submit the charges to the correct plan.
3. Certain insurances require you to select a Primary Care Physician or a PCP. Please call your insurance prior to the visit and select one of our Heights Pediatrics physicians, if they have not been notified you may be financially responsible for this visit and/or your appointment will need to be rescheduled.
4. We do not submit to secondary insurance plans. If you have a secondary insurance, you must pay the balance and we can provide you with a receipt to submit for reimbursement. You are responsible for any balances on your account.
5. If you are insured by a non-participating carrier, we will expect payment from you at the time of service, and it will be your responsibility to submit any claims to your insurance company for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process.
6. It is your responsibility to understand your benefits and to know if you require referrals for specialist visits. Referrals and prior authorizations for services and medications require at least 3 business days to complete. No retroactive referrals can be provided.
7. If our physicians are not on your insurance panel or you do not have insurance, then **payment in full** for services provided are required at the time of visit. For appointments that have already been scheduled, any and all prior balances must be paid prior to being seen.
8. Patient balances are billed immediately once your insurance plan's explanation of benefits (EOB) has been received by our office. **Your payment is due within 10 business days of your receipt of your bill.**
9. **Cancellation/Rescheduling Policy: If you are scheduled for an initial ADHD appointment, we require you to contact our office at least 48 hours prior to the appointment. If you do not contact us prior to 48 hours, we will charge a fee of \$150.00 to your card on file.** For all other appointments, we require you to contact our office at least **24 hours** before your appointment to reschedule or cancel. If you do not contact us prior to 24 hours, we will charge a fee of \$75.00 per scheduled child.

10. We do not accept walk-in appointments, if you require an appointment you must call our office to schedule one. If you do walk-in for an appointment there will be a fee of \$75.00 in addition to the cost of the co-pay, coinsurance and/or deductible.
11. Any balance over 60 days will be forwarded to a collection agency.
12. We charge \$50.00 per child for each copy or transfer of medical records.
13. All patients are subjected to opting in or out of the **Patient Service Plan (PSP)** as detailed here: https://heightspediatrics.com/wp-content/uploads/2023/06/PSP-Newsletter-6_2_23.pdf

Patient Service Plan (PSP) will require an annual fee per child. This fee is:

- \$100 per child for July-Dec of 2023
- \$200 per child for Jan-Dec of 2024

When participating in our PSP, the following services will be included:

- Forms completion (outside of in-person well child office visits)
- Refill requests (outside of office visits)
- Miscellaneous non-medical services, such as meetings with schools and/or therapists or phone meetings with parents when they are not present during the visit, etc.
- Prior authorizations when needed
- Free Heights Pediatrics classes via Zoom
- Discounts on CPR classes, New Mom’s Group, etc.

Please also note that the PSP **IS NOT MANDATORY**. However, if you decline the plan, you will be charged for individual services as follows:

Individual Services:

Form/letter completion (aside from complimentary DOE & 504 forms requested during well visits)	\$50 each
Expedited form fee (same day service)	\$50 add-on
Refill requests (same day or after hours)	\$50 each
Heights Pediatrics educational Zoom classes	\$30 each
Miscellaneous non-medical services (e.g. third-party conversations: schools, counselors, etc.)	\$50 each
Prior authorizations	\$75 each
Infant and toddler CPR Class	\$100 per person (or \$70 if opted for PSP)
New Mom’s Group	\$250 per person (or \$200 if opted for PSP)

We reserve the right to implement price changes in the future.

14. Before scheduling your child’s annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover vision and hearing screens, questionnaires, strep tests, flu tests, etc., as well as the physical exam. It is your responsibility to know your insurance benefits. If services are not covered, you will be responsible for payment at the time of the visit.

15. **WELL AND SICK VISITS AT THE SAME TIME:** Your insurance company may cover well and sick visits differently, and it is very important that you familiarize yourself with the details of your insurance coverage. While some insurance companies may pay for well visits 100% (where there is no cost to you), sick benefits may include a co-pay, co-insurance, and/or deductible. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for your concerns, your provider may bill the insurance company for both services. Regardless of whether there is no charge for the well visit, you will be responsible for any charges passed on to you for the sick visit portion. Conversely, the provider may decide to reschedule the well visit and focus on the issue that is causing the concern. In either case, you will be asked to pay for the sick visit portion of your visit while you are here just like if you had scheduled a sick visit that very day.
16. Not all services we provide are covered by every plan; those services that the insurance determines to not be covered will be your responsibility, i.e.: *Holiday/Evening/Weekend Codes, forms/letters, phone calls, telemedicine, portal messages, prior authorizations, in-house testing such as strep, Covid-19, RSV, flu, urinalysis, etc.*

Please call our office if you have a question about your bill. Most problems can be resolved quickly and your call will prevent misunderstandings. If you have trouble paying a bill, please discuss the situation with us and arrangements can be made. Financial considerations should never prevent children from receiving the care they need at the time that it is needed.

By signing, I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Name(s) of Patients