

## **Intown Pediatric & Adolescent Medicine, P.C.**

### *Financial and Administrative Policies*

490 Bill Kennedy Way, Atlanta, Georgia, 30316

404-446-4726

[www.intownpediatrics.com](http://www.intownpediatrics.com)

#### **APPOINTMENT SCHEDULING**

To be certain we schedule your appointment correctly we will be asking questions about the nature of the problem or illness. This information is vital to scheduling your appointment. Emergencies happen and some appointments take may take longer than planned. We appreciate your patience and will do everything we can to expedite your appointment. Please let us know in advance of any specific time constraints. Routine physicals should be scheduled 4-6 weeks in advance.

#### **RESPONSIBILITY FOR MEDICAL CARE**

Every minor child, under age 18, seen in our office for medical services must be accompanied by a parent or legal guardian, or by an adult who has obtained written consent for treatment from the parent or legal guardian. An exception is an adolescent presenting for confidential services, which we are permitted by state law to provide without notifying the parent.

#### **TIMELY PAYMENT/METHOD OF PAYMENT**

We at Intown Pediatric & Adolescent Medicine are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. Full payment is expected at the time of service unless other arrangements have been made in advance. This especially includes applicable deductibles and required copayments for participating insurance companies. Intown Pediatrics accepts cash, personal checks, AMEX, Visa or MasterCard. Any check returned to our office as non-sufficient funds will be re-billed with a \$35 penalty fee (as is charged to us by the bank). If two nonsufficient checks are returned to our office within a period of six months, we will no longer accept checks for services rendered. We will continue to provide services and accept AMEX, Visa, MasterCard or Cash as payment for one year from the time of the last returned check.

#### **INSURANCE**

Your insurance contract is between you and your insurance carrier. The benefits packages provided by insurance companies vary from employer to employer. It is your responsibility to learn the benefits and restrictions of your policy (including vaccine and well-child care coverage), and follow the rules of the policy.

We will bill the insurance companies we participate with; however, if we are not paid in a timely fashion, you will be responsible for the bill and expected to pay in full. Please note that although we participate with certain insurance plans, some charges may not be covered under those plans (co-payments, medical equipment and supplies, travel vaccines, certain services, etc.) Except as

provided by such contract or by state law, we will hold you responsible for all charges not paid by your insurance carrier.

#### **INSURANCE CARDS**

Patients must present their insurance identification card(s) at EACH visit. If a patient cannot provide an I.D. Card or if an Intown Pediatrics physician does not appear as the PCP (Primary Care Provider) on the card, the patient may be required to pay that day's charges in full, or reschedule the appointment.

#### **CO-PAYMENTS**

As per each individual insurance contract, the patient is required to pay a co-payment at the time of each visit. If a patient is unprepared to pay the co-payment, he/she may be required to reschedule the appointment. In addition, there are often occasions when a patient must come back on another day for immunizations or lab work. Reasons for this may include a shortage of vaccines, temporary lab closure, or your child having "just had enough" of the doctor's office for one day. If you return on the same day for the procedures to be completed, no additional co-payment charge will be incurred. If, however, you return on a later day, the visit will be treated as a new visit and an additional co-payment will be required. This policy is based on the requirements set forth or Georgia state insurance law.

#### **SECONDARY INSURANCE**

If a private indemnity plan is your primary insurance carrier and one of our participating HMOs is your secondary insurance carrier, you must adhere to the following procedures:

1. As per your secondary insurance contract, pay the required co-payment at the time of the office visit.
2. Submit your claim to your primary insurance carrier with payment assigned to Intown Pediatric & Adolescent Medicine, PC.
3. Upon receipt of the Explanation of Benefits (EOB) from your primary insurance carrier, submit a copy of this document to Intown Pediatric & Adolescent Medicine, PC, and include payment if your insurance carrier paid you directly.
4. Upon receipt of your EOB, we will submit it to your secondary insurance carrier (HMO) for reimbursement.

\*\*\* If we do not receive your EOB within 45 days of the date of service, we will bill you for the amount due for services provided and expect prompt payment in full.

#### **PRESCRIPTIONS**

Please bring all medicines with you to your child's appointments, especially well visits. We prefer to refill

chronic medications during routine physicals. We will refill prescription only during regular office hours when your child's records are available.

#### **AFTER HOURS CARE**

Intown Pediatrics contracts with the Nurse Advice Line of Children's Healthcare of Atlanta to provide guidance and counseling when the office is closed. In addition, a provider is always on-call and may be paged by the nurse upon request. Please save non-urgent concerns, refill requests and appointment scheduling for regular office hours. Excessive abuse of the Nurse Advice Line or the answering service may result in discharge from the practice.

#### **REFERRALS**

If your insurance contract requires a referral for consult or treatment by a specialist or for ancillary services such as physical therapy or radiology procedures, you must receive the referral from our office before seeing a specialist.

Patients are required to consult with their primary care physician prior to requesting a referral. Except in true medical emergencies, you must allow five (5) business days for our office to complete the referral. Self-referrals will be considered as out-of-network care by a specialist and may result in financial liability to the patient. Intown Pediatrics cannot accept responsibility for patient noncompliance with their individual insurance policies.

#### **MISSED APPOINTMENTS**

Missed appointments represent a cost to us, to you, and to other patients who could have been seen during the time set aside in the schedule for your child. Please call at least 24 hours in advance to make any scheduling changes necessary. If you arrive more than 10 minutes late for a physical exam appointment, the appointment has been missed and you may be required to reschedule. Excessive abuse of scheduled appointments may result in discharge from the practice. If your appointment is rescheduled because you failed to produce a valid insurance card with an Intown Pediatrics physician as the PCP, or because you failed to pay your co-pay, you may be assessed a missed appointment penalty.

#### **WALK -IN POLICY**

We encourage our patients to schedule an appointment for all visits to the office. Even when an emergency occurs, prior notification that you are coming can help us to prepare to care for your child.

#### **FORMS AND RECORD TRANSFERS**

There is currently no fee for camp, school, etc. form that the doctor must complete. Forms presented during the time of the patient's well visit will be completed at that time. Please allow 3 working days to complete forms left at any other time. There is a record transfer preparation fee of \$25 for any copies of charts given to directly to parents. As a professional courtesy, we will forward

copies to other physician offices free of charge. These charges are subject to change.

#### **MEDICAL SUPPLIES**

As a convenience to patients, Intown Pediatrics stocks many basic medical supplies such as rehydration solutions, Asthma equipment, splints & bandages, etc. These supplies will not be billed to your insurance company and payment may be expected at the time of service.

#### **INJURIES**

Any visit related to an injury incurred as a result of an automobile accident, or an accident on school grounds, or on the job, must be paid in full at the time of service. In such instances, the patient's health insurance typically is not the primary insurance for the visit. Instead, the responsible party will be your automobile insurance, or the school, or employer's liability insurance carrier. We can provide you with a superbill that provides all pertinent information for submission to the appropriate automobile or liability insurance carrier.

#### **DIVORCE**

In the case of separated or divorced parents, it is our policy that the parent who brings the patient to the office is responsible for payment at the time of service. We will not bill the non-presenting parent.

#### **DRUG TESTING/CRISIS CARE**

The cost of drug testing or emergency care requested by the school or parent will be the financial responsibility of the patient's parents.

#### **BILLING POLICY**

For patients not covered under any of the insurance plans in which we participate and for any office charges not covered by insurance, Intown Pediatrics requires payment at the time of service. You may request a statement to submit to your insurance carrier for payment. If your insurance carrier refuses to process the claim, please contact our office at (404) 446-4726, and we will send you an itemized statement to submit to your insurance carrier.

Emergency and inpatient services are billed on a monthly basis. Payment for these services is due 30 days from the billing date. Delayed payment to you by your insurance carrier is not a valid reason for delayed payment to us.

Please understand that Intown Pediatrics can neither accept responsibility for payment or nonpayment on your insurance claims, nor will we negotiate a settlement on a disputed claim. Questions regarding your coverage and benefits should be directed to your insurance carrier.

#### **COLLECTIONS - NO APPOINTMENTS**

As stated above, all fees are due at the time of service. Any charges remaining unpaid sixty (60) days after the date of service are considered past due, and will be subjected to a late fee. In this case, our billing office will

make every effort to contact the person responsible for the delinquent balance, and arrange an equitable payment schedule. Until resolution of this outstanding balance, Intown Pediatrics will be unable to make any non-emergent appointments for any patient on the account. Further, if no effort is made to contact our business office in return and there remains a balance due for over ninety (90) days, the account will be considered seriously delinquent and will be referred to a collection agency. In this situation, no further appointments will be granted and the responsible person will be asked to seek medical care for their child/children elsewhere.

### **FINANCIAL HARDSHIP**

If you are experiencing financial difficulty, please let our billing office know. We will not turn away an existing patient because of financial hardship; however, it is your responsibility to keep our office apprised.

### **PATIENT REFUNDS**

Patient refunds will be issued when the following criteria have been met:

1. The patient has not been seen in the office for ninety (90) days.
2. There are no outstanding insurance claims on the patient's account.
3. There are no outstanding patient balances on the family account.

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