



Chestnut Hill Pediatrics Financial Policy Agreement

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. We ask all patients to review and sign this policy.

1. **Insurance:** We accept assignment and participate in most insurance plans. If our practice does not participate in your insurance plan, then full payment is expected at each visit. Chestnut Hill Pediatrics **does not** have access to your individual insurance plan benefits. It is the guardian/patient's responsibility to understand what is covered and not covered. Please contact your insurer with any questions you may have about your coverage.

Well Visits

Well visits are designed to check your child's growth and development, do a physical exam, perform screening tests, administer immunizations, and offer advice for keeping your child healthy. We also discuss your child's behavior, emotional regulation, sleep and eating.

When you are seen in the office for a well visit, if your provider addresses any new illnesses, complex concerns, chronic conditions, or prescriptions that are outside of normal growth and development, an additional visit charge is automatically billed through our electronic medical record system. **Please be aware that this may incur a co-payment/deductible as determined by your insurance company.***

Virtual Visits

You may now have a co-pay or deductible for a virtual visit. Many states and insurers had waived these costs during the early COVID pandemic. Many of these waivers have expired. Co-pays and deductibles for virtual visits are usually the same as for an in-person visit. Please check with your insurer to find out what your cost is for virtual visits. You may be responsible for all or part of the cost.

2. **Patient payment:** All copayments and balances are to be paid at the time of in-person service. This arrangement is part of your contract with your insurance company. There will be a \$25 charge for any returned checks. Please note, telehealth visits (by phone or audio-visual), may be subject to patient cost sharing, depending on patient insurance policy.
3. **Registration:** All patients must complete our patient information form and we must obtain a copy of your current valid insurance card to provide proof of insurance.
 - If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions. If a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.
 - For our newborn patients, Chestnut Hill Pediatrics will initially bill under the mother's insurance information. If your baby is still not showing as an active member on your insurance policy at 5 weeks of age, any further visits will be considered self-pay.

**This requirement is subject to your plan benefit design and IS NOT controlled by our practice*



4. **Claims:** We will submit your claims and assist you in any reasonable way to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.
5. **Credit and collection:** If your account is well past due, you may receive a letter stating that you have several weeks to pay your account in full.
- Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency.
 - If an account is sent to collection, our policy is to discharge the patient and immediate family members from the practice. You would be notified by regular and certified mail that you will have 30 days to find alternative medical care. During that 30-day period our physicians will be able to treat you only on an emergency basis.
6. **Vaccines:** any child through age 18 is eligible for free state-supplied vaccines through the VFC program
- There is a \$23 vaccine administration fee to receive vaccines.
 - No established patient will be denied state-supplied vaccine due to the inability to pay the administration fee.
7. **Uninsured patients:** Massachusetts offers affordable insurance plans for those residents who have no health insurance. If you need assistance with information, please contact our office.

If you have no insurance the following payments are required to be paid **prior** to receiving services.

- \$85 for a sick appointment of an established patient.
- \$100 for a sick appointment of a new patient
- \$150 for a well visit

You will be billed at a "self-pay" rate for any additional costs incurred for the visit (fee schedule provided upon request).

Please let us know if you have questions. A copy of this agreement will be provided upon request.

I have read and understand this financial policy and agree to abide by its guidelines.

Name of Patient or Responsible Party

Date _____

Signature of Patient or Responsible Party

Date _____