

Metroplex Pediatrics, PA

Scheduling & Payment Policies

Thank you for choosing Metroplex pediatrics as your primary care provider. We are committed to providing you with quality affordable healthcare. Because some of our patients have asked questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you.

- 1. Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment. The timeframe for missed appointment is being more than **15 minutes** late.
- 2. No-Shows.** Your health is very important to us; however if you do not keep your scheduled appointment time we cannot help care for your health. So it is our policy that if you fail to keep your appointment three times we, unfortunately, will have to ask you to find another Primary Care Physician.
- 3. Insurance.** We participate in most insurance plans, including Medicaid. If you are not insured by plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is yours possibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 4. Co-payments and deductibles.** All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- 5. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicaid or other insurers. You must pay for these services in full at the time of visit.
- 6. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 7. Claims Submission.** We will submit your claims and assist you in anyway we reasonably can to help you get your claims paid. Your insurance company may need you to supply certain information directly. 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 claim. Your insurance benefit is a contract between you and your company; we are not party to that contract.
- 8. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
- 9. Nonpayment.** If your account is over 30 days past due, you'll receive a letter stating that you have 20 days to pay your account in full. Partial payments will be excepted *if* negotiated with us; otherwise payment in full must be received. Please be aware of that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, regular and certified mail will notify you that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
- 10. Returned Checks.** There will be a \$25.00 fee added to your account in the event that check is returned to us with non-payment. Subsequent payments will only be accepted in cash, credit or money orders.
- 11. Vaccines. This office follows the American Academy Of Pediatrics (AAP) Recommended Childhood and Adolescent Immunization Schedules.**

Metroplex pediatrics is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature

Date

Patient Name: _____

DOB: _____