



## Financial Policy

Thank you for choosing Bluffton Pediatrics as your medical home. We look forward to providing quality care in a comforting atmosphere for your child's medical needs. We are committed to helping you know what your financial responsibilities are in advance.

### INSURANCE PLANS

We are contracted with many insurance carriers; however, it is ultimately your responsibility to know if we are within your network. In our contract with the insurance carriers, we are required to collect a co-pay for your visit with the provider and we will be collecting your co-pay prior to your visit. Failure to pay your co-pay will result in a **\$10.00** statement processing fee. Your insurance policy is an agreement between you & your insurance company so if you have any questions about your co-pays or amounts you owe us, please contact them. You **MUST** present the most recent insurance card that you've been given so we can accurately bill for the services we've provided to your child. You will be responsible for any portion that your insurance carrier doesn't cover after the claim has been processed.

### SELF PAY PATIENTS

If you do not have insurance, except in case of an emergency, **we prefer payment in full at the time of service**. If you are unable to pay in full, **we request a minimum down payment of \$50.00** at your visit then we will be happy to set up a payment plan. We accept cash, check, Visa, Master Card, & Discover.

### MEDICAID AND MEDICAID MANAGED CARE

All Medicaid eligible patients **MUST** show their valid card at the time of service. If you are under a Managed Care Medicaid plan, you **MUST** present that card to the office at each visit. If you fail to provide your current Medicaid information to the office, you will fall under the "self pay" policy and be responsible for the charges incurred.

### MINORS

Minors must always be accompanied by a parent, legal guardian, or one of the people that you have listed on the consent form. Whoever brings the child in will be asked to pay the co-pay; therefore, if it's someone other than yourself, they should come prepared to pay the co-pay so that you'll avoid the \$10.00 statement processing fee. Sometimes the court has ordered one parent to be responsible for paying certain medical bills; however, our policy requires the person who brings the child in to pay the co-pay. A receipt will be provided. Any arrangements outlined in your legal paperwork are your responsibility.

## ACCOUNT BALANCES

You will be responsible to pay any unpaid patient due balances in full at your child's next visit. If you are unable to pay the balance, we will be glad to set up a payment plan for you. If you are not making payments as promised, your account may be placed with a collection agency.

## RETURNED CHECK FEE

There will be a **\$35.00** service fee for all checks returned to Bluffton Pediatrics from your bank for insufficient funds.

## REQUEST TO COMPLETE FORMS

There will be a **\$10.00** fee charged to complete forms filled out by Bluffton Pediatrics. The following list includes, but is not limited to: disability, FMLA, loan, cancer policy, supplemental insurance policy, & daycare forms. Payments must be made prior to the completion of the forms. For your convenience, we accept cash, check, Visa, Master Card, or Discover. This fee is not covered by insurance; therefore, we will not be submitting it to them.

## REQUEST FOR PRESCRIPTIONS

We ask that you ask for refills at the time of your visit. We understand that may not always be possible. In these cases, please go to the patient portal to send a message to our office requesting the refill & our nurse practitioner will respond to your request.

## APPOINTMENT CANCELLATIONS/NO SHOW

We ask that you give us at least a 24 hour notice for appointment cancellations. If you do not call to cancel or reschedule your appointment within this time frame, you may be subject to a **\$50.00** service charge. We understand that emergencies happen so if you are able to reschedule within a reasonable time, this fee may be waived.

## THANK YOU

Thank you for allowing Bluffton Pediatrics to serve as your child's medical home. This policy is a guideline that enables you to understand our expectations for the financial aspect of our relationship. If you have any questions, **please**, do not hesitate to contact us at 419-549-5865.