



Traverse Area Pediatric & Adolescent Clinic Financial Policy Agreement

We consider it a privilege that you have chosen us at Traverse Area Pediatric & Adolescent Clinic as primary health care providers for your children. We take that responsibility seriously, and are constantly seeking ways to optimize your medical care through continuing medical education and practice management seminars. Because we must support the *practice* of medicine with the *business* of medicine, we have enacted certain policies, which we have outlined below. These policies come from an effort to reduce our costs, and therefore yours. Our goal is to offer competent, compassionate and comprehensive medical care. Please do not hesitate to contact our billing office if you have any questions.

PAYMENT IS DUE AT TIME OF SERVICE

What you owe for your visit will be collected when you are here for that very visit. We accept VISA, MasterCard, American Express, Discover, Cash, Check or Money Order. Payment Plans are required to be set up for all outstanding balances that you are unable to pay in full; however, copays and coinsurance are expected to be paid in full on the day services are rendered.

- 1) **Who Brings Payment:** Payment is due regardless of who brings the child in for the service. Grandparents, babysitter, aunt, etc. will be expected to bring in payment for your copay, co-insurance or deductible. We can securely keep your card on file to charge and send the receipt home with your child's caregiver.
- 2) **Late Fee:** There is a \$10 late-fee for any payment not made at the time of service.
- 3) **Financial Responsibility:** Payment is determined from benefits defined to us by your insurance company. Regardless of what is quoted by them, you are ultimately responsible for any deductibles, co-insurance, or copays that are not paid by them. This includes services they do not think are medically necessary, or do not cover, but that our providers deem necessary, appropriate, and/or a standard of care for pediatrics. It is our **LEGAL** obligation to attempt to collect your cost-sharing from your insurance company. Failing to pay your cost-sharing is a violation of your policy and if we are forced to send your account to collections, we will notify them of your default.
- 4) **Deductible/Self-pay Responsibility:** Deductible/self-pay responsibilities are also collected at the time of service. We require a \$50 deposit per child and will set up a payment plan for the remaining balance to be paid off within 30 days.
- 5) **Well Child Check-ups:** If you do not have insurance, well child check-ups are to be paid in full, up front. Any vaccination fees, labs, or screenings done on this day are expected to be paid within 30 days of the date services are rendered.
- 6) **Proof of Insurance:** Proof of insurance must be shown at every visit. If you are unable to provide valid insurance information for your child, you will be responsible for payment. Refunds will only be made after we bill and receive payment from your insurance company in these situations.
- 7) **Well and Sick Visits at the Same Time:** If during a well-child visit your child is sick or has an issue that is not related to the normal growth and development of your child (this includes medicine checks), your provider may bill for both services. Regardless of whether there is no patient responsibility for the well child visit, you will be responsible for any cost sharing owed by you on the day of service for the sick visit.

Responsibilities of patients/guardians

You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs. You are required to:

- Present your primary insurance card prior to each visit
- Present a valid picture ID for verification of identity
- Inform us as soon as possible if you have a change of address, phone number or insurance
- Pay your cost-sharing responsibilities on time, every visit

Insurance

We verify insurance benefits 1-2 days before each appointment to facilitate in collecting the most accurate amount of cost-sharing from you for our services. If the insurance we have on file for you is no longer valid and you fail to update us with new insurance information prior to your appointment, you will be responsible for payment in full on the day of service until we can validate your insurance and determine your cost-sharing amount. It is ultimately your responsibility to know what your benefits for services are and if we are an in-network provider for your insurance carrier. If you need assistance with this please contact our billing office.

If your insurance company sends you something in the mail requesting your response, please be aware if you fail to respond they may not process any claims until you do. If this happens, all charges will become your responsibility until you respond to their inquiry.

If you fail to pay your monthly premiums, your insurance company will retroactively cancel your policy and take back payments for any claims they processed during your grace period. If this happens, you will be charged in full for all charges that were recouped.

Balances

In order to improve our office efficiency, reduce our overhead expenses, and ensure that we can financially sustain ourselves in order to continue providing our patients the services they are accustomed to, the following are our policies regarding outstanding balances:

If you bring your child in for an appointment and you have an outstanding balance on your account, you will be expected to pay the balance in full. If you are unable to do so, we require \$50.00 deposit made on your account and you will be required to set up a payment plan with the expectation that the balance will be paid in full within a 90 day period.

All outstanding balances not paid within **90 days** of service may be turned over to a collection agency, a discharge notice terminating patient care will be sent to you, and we will notify your insurance company that you are in violation of your contractual financial obligation with them by defaulting in your cost-sharing with our practice. We will also add a charge of 25% of the amount due to your balance to cover our collections fees. We do not wish to take these actions and will exhaust every effort prior to doing so, but we cannot afford to wait longer than 3 months to receive payment for services previously rendered.

Payment Plans

For your convenience, we do require that payment plans be set up to pay outstanding balances. These payments will automatically come out of your bank account/charged to your credit card on predetermined dates for predetermined amounts with the expectation that balances be paid in full within 90 days of services rendered. For extenuating circumstances we may be able to extend the amount of time to pay your balance in full, but you will need to contact the billing office to determine if you are eligible and make special arrangements.

If you will be unable to make your payment on the day it is set to be paid and notify us prior to the payment date, we will make a one-time exception and reschedule your payment for no more than 10 days after the original due date. The next payment date will not be moved and expected to be paid on time. If your payment is declined on the day it is set to come out and you did not notify us to change it prior, we will charge you a \$15 fee and automatically change the payment date to 10 days after the original due date. If your payment is declined again, you will be assessed another \$15 fee and we will cancel your plan. We will notify you of your new account balance and you will be expected to pay your balance in full within 30 days. If you fail to do so, your account will be sent to collections.

Should you refuse to set up a payment plan, we expect your balance to be paid in full within 30 days or we will send your account to collections.

Electronic Statements

In an effort to be more environmentally friendly, we would like everyone to join us in going green. Please be aware that we will request that you accept our invitation to receive statements electronically. This invitation will be sent to the email you provided on your initial intake form, unless you request a different one. This will also allow you to pay electronically through our secure portal.

Returned Checks

All returned checks will be charged a \$30 fee and we will no longer accept checks as valid payment from you.

Broken Appointments

A "no show" charge of \$25.00 will be charged when there is failure to provide 24 hour cancellation notice for an appointment scheduled in advance or failure to arrive for a same day scheduled appointment. This charge is not covered by insurance and you will be responsible for payment. Three "no show" appointments without 24 hour notice will result in the dismissal from our practice.

Newborns

It is essential that you enroll newborns with your insurance carrier within 30 days of the child's date of birth. If your child is not enrolled, the child has no insurance coverage under your policy. If you fail to do this within 30 days following the birth of your child, we will bill you directly for the services provided.

Divorced/Separated Parents

Custodial and financial disputes between divorced parents need to be handled outside of our office.. The parent who brings the child in is the responsible party for paying on the day services are rendered. The parent who signs the intake form will be the parent that statements get mailed to. We will be more than happy to provide you with a receipt to use for reimbursement if necessary.

Authorization for Medical Care

If your child is a minor under 18 years of age, he/she must be accompanied by a parent or legal guardian. If this is not possible, an adult who has obtained a written consent from you may accompany your child. The consent should give the adult permission to seek medical treatment for your child and it must be signed and dated by a parent or guardian. The consent must be presented at the time of service. *An exception to this is an adolescent presenting for confidential services*, which we are permitted by the State of Michigan to provide without notifying the parent.

Referrals

Most insurance plans require that a member receive a referral from your primary care physician before seeing a specialist. Even if your plan does not require a referral, we highly recommend that you speak with us before seeing a specialist. Your insurance plan may have a limited number of providers to choose from and we can help identify the ones who have special expertise in dealing with children. Your child's best interests are served when there is communication between the pediatrician and the specialist. Also, our referral staff must have the necessary information in order to process the appropriate paper work so that your child's visit to the specialist will be paid by your insurance company.

Please contact our billing office if you have any questions concerning the TAPAC financial policy at 231-421-8099 ext 211, by email billing@tapactc.com, or by sending a message through our patient portal by visiting our website at www.tapactc.com

May 2016



Traverse Area Pediatric & Adolescent Clinic Financial Policy Agreement

You may take the preceding Financial Policy home for your reference after you sign the confirmation below stating that you have received and read the TAPAC financial policy dated May 2016. Please return the signature page to our staff.

I have read and understand Traverse Area Pediatric & Adolescent Clinic's Financial Policy.

I certify that the insurance information that I have given is correct. I will notify Traverse Area Pediatric & Adolescent Clinic of any future changes in my children's health insurance. I authorize the release of any medical information necessary in order to process a claim with my insurance company. I authorize payment made directly to Traverse Area Pediatric & Adolescent Clinic, PC. I permit a copy of this authorization to be used in place of the original.

Children's First and Last Names and Dates of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

Printed Name:

Signature:

Date: _____

Relationship to the patient: _____

May 2016