



## OFFICE POLICIES Revised August 2016

We at Lamorinda Pediatrics are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our office policies. Your clear understanding of the office policy agreement is important in our professional relationship.

### Appointments

- 1) We value the time we have set aside to see and treat your child. If you are not able to keep an appointment, we would appreciate 24-hour notice. **There is a charge of \$25 for missed appointments if we are not notified 24 hours in advance.**
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.

### Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**
- 2) If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

### Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) While the filing of insurance claims is a courtesy that we extend our patients, all charges not covered by your insurance company are your responsibility.
- 3) **Co-payments** are due at the time of service.
- 4) Self-pay patients are expected to pay for services in full at the time of the visit.

- 5) There are an increasing number of insurance plans with large deductibles. Charges that pass to patient deductibles are the rates we have contracted with the insurance companies. It is not allowable for us to lower these fees.
- 6) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 7) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **10** business days of your receipt of your bill.
- 8) If previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 60 days will be charged a \$25 re-billing fee each month. Any balance outstanding longer than 120 days may be forwarded to a collection agency. Patients with outstanding balances longer than 180 days will be asked to arrange for another pediatric provider for the family unless arrangements have been made with our office for a payment plan.
- 9) For scheduled appointments, prior balances should be paid prior to the visit.
- 10) We accept cash, checks, Visa, and MasterCard credit and debit.
- 11) A \$50 fee will be charged for any checks returned for insufficient funds.
- 12) Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. Satisfactory arrangements can almost always be made. We believe financial considerations should never prevent children from receiving the care they need at the time they need it.

#### **Forms**

- 1) There is no charge for a school and camp form given at the time of your child's visit. This is considered part of the visit.
- 2) **We require a 3-5 day turnaround time for these forms if brought outside of a visit. As a special service, if necessary for the form to be done within a half day the fee is \$50, if needed same day the fee is \$30, and for the routine turnaround time of 3-5 days the fee is \$10.**

#### **Transfer of Records**

- 1) If you transfer to another physician, we will provide a copy of your immunization record and a patient summary to your physician, free of charge, as a courtesy to you. We need 72 hours' notice.
- 2) A copy of your complete record is available for a \$0.25-per-page fee.

#### **Prescription Refills**

- 1) For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.

**I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.**

**Patient Name(s)** \_\_\_\_\_

**Responsible Party Member's Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Responsible Party Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*On completion, we will provide you with a copy for your records.*