

**Delaware Valley Pediatric Associates, P.A.
The Pediatric Center at Lawrence
132 Franklin Corner Road
Lawrenceville, NJ 08648
609-896-4141**

FINANCIAL POLICY

We are committed to providing the best possible care to our patients and their families, and feel this goal is best achieved if everyone is aware of our office policies. Your clear understanding of our financial policy is important to our professional relationship.

TIMELY PAYMENT

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. **Full payment is expected at time of service** unless other arrangements have been made in advance. This especially includes applicable deductibles and co-payments for participating insurance companies. DVPA accepts cash, personal checks, Visa, Master Card and Discover. You will be given and itemized statement each time your child is seen in the office. A **\$15.00** rebilling fee will be charged to your account if payment of charges you are responsible for is not made at time of service. The fee will be deleted if full payment is received within 7 days.

The benefit packages provided by insurance companies vary from employer to employer. It is your responsibility to know the benefits of your policy (including vaccine and well-care coverage), and follow the rules of your policy (such as authorization for specialty care, procedures, lab tests, and emergency room use). We will bill the insurance companies we participate with, but if we are not paid in a timely fashion, you will be expected to pay the bill in full. Except as provided by such contract or by state law, we will hold you responsible for all charges.

If you are experiencing financial difficulties, please let us know. In no case will a patient present in our office with an urgent problem, be turned away because of financial problems.

If you need assistance or have any questions, our billing staff (Debbie, Wendy, or Colleen) can be reached at (609) 896-4141 (ext 112), between the hours of 9:00am and 5:00 pm, Monday thru Friday or via email at billing@delvalpeds.com.

RESPONSIBILITY FOR MEDICAL CARE

Every minor child, under age 18, seen in our office for medical services must be accompanied by a parent or legal guardian, or by an adult who has obtained written consent for treatment from the parent or legal guardian. An exception is adolescent presenting for confidential services which are permitted by state law to provide without notifying the parent.

The accompanying parent or other adult is responsible for full payment at the time of service and the proper insurance card. In the case (such as divorce) where the custodial parent is not the insurance holder, we will bill the covering insurance company or non-custodial parent (once they have signed our "Intent to assume financial obligation" form). If there should be a dispute about the financial responsibility, we will then hold the accompanying adult responsible for payment. It will then be up to him/her to seek repayment from the other parent. We find it very difficult to look after your child's medical care needs when we are placed in the middle of a marital dispute.

REFERRALS

If your insurance plan requires us to complete a written referral in order for your child to see a specialist, or for procedures or lab tests, you must allow five (5) business days to complete the appropriate form(s) prior to obtaining services. Retroactive referrals cannot be written and will not be honored. In general, we will not agree to a referral for a problem we have not been consulted about first.

Our referral coordinators, Lori & Donna, can be of great assistance in answering your questions, but please do not ask them to violate insurance contracts or our office policies. They can be reached at (609) 896-4141 ext 115.

MISSED APPOINTMENTS/ LATE CANCELLATIONS

Broken appointments are a cost to us, to you and to other patients who could have used the time set aside for your child. Please call us at least 24 hours prior to make any scheduling changes you need. There will be a fee of **\$25.00** for missed or same day canceled appointments. First appointments missed by new patients will not be rescheduled. Excessive abuse may result in dismissal from the practice.

ADDITIONAL FEE FOR SATURDAYS & OFF HOURS VISITS

For your convenience, our office is open on Saturdays from 9am until 12pm, and our providers are available 24 hours/day 7days/week via our on-call service. Patients seen by our providers on Saturday mornings will be charged an additional fee for the visit. Likewise, patients seen outside of scheduled office hours (i.e. evenings, weekends, Sundays and holidays when our office is closed) will also be charged an additional fee for this service. In such cases, these fees will be billed to your insurance company, but as with all charges from our office, you will ultimately be responsible for paying this fee should your insurance not choose to cover it. Questions regarding this issue can be directed to our billing department at (609) 896-4141 ext 112 or at billing@delvalpeds.com.

MEDICAL RECORDS

There will be a copy fee of \$1.00 per page, up to a maximum of \$23.00 per individual, or if more than one patient, \$35.00 per family, for records released to another provider. Copies of charts for your personal use will be \$1.00 per page, up to a maximum of \$100.00.

Records will be released within 30 days. Record transfers require a completed records release form, or a letter from the parent or legal guardian with your name, the names of each patient whose records are to be transferred, your complete address, and the name and address of the practice to whom the records are being released.

RETURNED CHECKS

There is a \$30.00 charge for any check returned to us from the bank unpaid.

COLLECTIONS

As stated above, all fees are due at the time of service. Any charges remaining unpaid sixty (60) days after the date of service are considered past due. In this case, we will make every effort to contact the person responsible for the delinquent balance, and arrange an equitable payment schedule. However, if no effort is made to pay the balance due, it may be sent to a collection agency. In this situation, the responsible person will be asked to seek medical care for their child/children elsewhere.

PRIVACY POLICY

It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physician and staff have the necessary medical and PHI to provide the highest quality of medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not fear about providing information to our practice and its physicians and staff or purposes of treatment, payment and healthcare operations (TPO). To that end, our practice and its physicians and staff will:

Adhere to the standards set forth in the Notice of Privacy Practices.

Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. Our practice and its physicians and staff will not use or disclose PHI for uses outside of practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the patient. Use and disclose PHI to remind patients of their appointments only within their consent.

Recognize that PHI collected about patients must be accurate, timely, complete and available when needed. Our practice and its physicians and staff will implement reasonable measures to protect the integrity of all PHI maintained about patients.

Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, our practice and its physicians and staff will: Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements. Not disclose PHI data unless the patient (or his/her authorized representative) has properly consented to or authorized the release or the release is otherwise authorized by law.

Recognize that, although our practice owns the medical record, the patient has the right to inspect and obtain a copy of his/her PHI. In addition, patients have the right to request and amendment to his/her medical records if he/she believes his/her information is inaccurate or incomplete. Our practice and its physicians and staff will—Permit patients access to their medical records when their written requests are approved by our practice. If we deny their request, then we must inform the patients that they may request a review of our denial. In such Cases, we will have an on-site healthcare professional review the patients' appeals.

Provide patients an opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.

All physicians and staff of our practice will maintain a list of all disclosures of PHI for purposes other than TPO for each patient. We will provide this list the patients upon request, so long as their requests are in writing.

All physicians and staff of our practice will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by our practice.

All physicians and staff of our practice must adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel rules and regulations.

Our practice may change this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available to patients upon request.

PRIVACY PROCEDURES

Privacy Policy: Our practice recognizes and respects the fact that the patient has the right to inspect and obtain a copy of his/her Protected Health Information (PHI)

Privacy Procedure to accomplish this Privacy Policy:

The Privacy Officer will provide the front office staff with an original form for patients to complete when the patient desires to inspect and copy PHI.

The front office staff will photocopy and make available to patients the form to inspect and copy PHI.

The front office staff will respond to patients' requests and questions concerning inspecting and copying their PHI. In addition, the front office staff will distribute the form to the patients upon their request.

Once the patient completes the form, the front office staff should forward the form to the privacy officer for review.

Once the patient has submitted his/her request in writing, the front staff must verify that the patient's signature matches his/her signature on file.

The Privacy Officer must review the patient's request and respond to the patient within 30 days from the date of the request. The Privacy Officer can request an additional 30-day extension as long as the request is made to the patient in writing with the reason for the delay clearly explained.

The Privacy Officer should agree to all reasonable requests. If access is denied, the Privacy Officer must provide the patient with an explanation for the denial as well as a description of the patient's review appeal.

When the patient has requested to inspect their PHI and his/her request has been accepted, the Privacy Officer or other authorized practice representative should accompany the patient to a private area to inspect his/her records. After the patient inspects the record, the Privacy Officer will note in the record the date and time of the inspection, and whether the patient made any requests for amendments or changes to the record.

When the patient's request to copy his/her PHI has been accepted, the front office staff should copy his/her record within 14 days at a charge of \$1.00 per page.