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## Financial Policy

We are dedicated to providing the best possible care and service to your child. We regard your complete understanding of your financial responsibilities as an essential element of their care and treatment.

**Patient Information:** We appreciate you completing all patient registration forms accurately and in their entirety. Insurance cards are required prior to the time of service. If your insurance information is not provided at the time of service, and we are unable to bill the charges within the time limits set by your insurance carrier, the balance will become the guarantor's responsibility.

**Change of Insurance/Change of Account Information:** Please notify the office as soon as possible of all account changes, including co-pay amounts, insurance updates, and a change of mailing address. If the account holder does not notify the office of these changes promptly, the assigned account holder becomes responsible for all charges.

**Newborns:** You should contact your insurance company as soon as possible after your child has been born. Most health plans allow 30 days to add your newborn to your insurance plan. If your insurance plan requires you to designate a primary care physician ("PCP"), you must select Dr. Nowacki prior to your first visit. If Dr. Nowacki is not designated as the PCP prior to the first visit, you may incur extra costs if the insurance company processes the claim as an out-of-network visit.

**Billable Services:** In-office visits, Telemedicine visits, audio-only telephone calls and Portal Messages will be billed in accordance with your insurance carrier.

### **Insurance Plans and Coverage**

Newtown Center Pediatrics contracts with many insurance plans in Connecticut to provide health care services to our patients. Please note, participation with these plans is not a guarantee of payment or coverage. We recommend that you familiarize yourself with your insurance benefits. Many insurance plans require a referral or prior-authorization for coverage of certain services. It is important to check with your insurance plan to ensure your specific benefits include coverage for services at Newtown Center Pediatrics. If you have questions regarding your benefits and coverage, please contact your insurance plan directly. Newtown Center Pediatrics accepts most major insurance plans in Connecticut including **Aetna, Anthem Blue Cross Blue Shield, Cigna, Connecticut, State Medicaid Husky, Oxford, TriCare, and United Health Care**. Health sharing programs are not an insurance. Most health sharing plans are affiliated with different religious denominations with voluntary sharing among members for eligible medical expenses. We will bill your health share plan directly, as a courtesy; however, if the health share plan informs us of lack of funding or delays payment beyond 45 days, the account balance will become your financial responsibility until the account is resolved.

### **Annual Wellness Exams**

Some insurance companies pay for one well child visit per calendar year. Other insurance companies have more stringent rules and say that at least 365 days must pass between well exams. If not, the second well visit will be denied by your insurance company, and you will be responsible for the charge. Be sure you understand your insurance company's definition of "annual" before scheduling the annual wellness appointments. \*\*All services that occur during a well visit are separately reportable (e.g., screenings, labs, vaccines). Disputes about cost-share (coinsurance/deductibles/copays) must be directed to your insurance plan. On occasion, our providers may also treat a new or existing medical problem during a well-child visit. Problems addressed during preventive visits are outside the scope of routine well-child care and are separately reported to your insurance carrier. In the event this occurs, you will be responsible for any additional copays, coinsurance, Deductibles, or other balances after the visit. \*\*

**Copayments/Deductibles/Outstanding Balances:** It is your responsibility to know the benefits your plan provides. Please prepare to pay your insurance co-pay at check-in at the time of service. It is important that we have up-to-date insurance information on your family's health plan at every visit. It is your responsibility to notify us of any insurance changes. Many insurance companies have a timely filing period, or time limit for submitting a claim. Newtown Center Pediatrics cannot bill an insurance company if information is provided after this window. You are also responsible for any deductible or coinsurance. It is your responsibility to know the benefits your plan provides.

### **Uninsured and Payment Plans**

We recognize the financial burden that medical bills may cause, so please let us know if you are having difficulties paying your bill. If you are uninsured, self pay, please call us regarding payment plans to avoid misunderstandings. A credit card on file is required for all services. Charges for each visit will be billed to your credit card at time of service. Payment plans are approved on a case-by-case basis and may be discussed with Cindy, our office manager. Failure to make scheduled payments, or not paying the balance in full, may result in the office being unable to schedule future visits.

### **Missed Appointments:**

Missed appointments are detrimental to us and to our patients who could have been seen during the time set aside for your child's appointment. If you are unable to keep your appointment, please call at least 24 hours in advance to cancel. Patient visits at Newtown Center Pediatrics are made by appointment only. Every sibling will need to have an appointment in order to be seen by our providers. Cancellations are required 24 hours prior to the scheduled appointment. A "no show" fee of \$50.00 will be applied to any missed appointments.

### **Following guidelines**

Dr. Nowacki must follow accepted national guidelines when determining what your charges (level of service) will be. She must code your visit based upon what services were provided and cannot take into account particular health plan benefit designs. Consequently we are unable to switch the visit reason and diagnosis in order for a claim to be covered by your insurance. If you think there is an error on your account, please contact Cindy. She will review your concern with Dr. Nowacki and let you know the outcome. If an error was made, she will be happy to resubmit your claim as long as it is within your insurance company's filing limit (usually 60-90 days.)

### **Statements**

We will submit a claim to all primary and secondary insurances. Once your insurance company has processed your claim, we will bill you for the remaining balance that you are responsible for, as determined by your insurance plan, such as deductibles and co-insurances. Payments are expected upon receipt of your statement. We accept Visa, MasterCard, Discover, American Express, and Checks. If you have any questions about your statement details and insurance information, please contact Cindy at

203-426-3267. Unless authorized in writing, payment is due upon receipt of the statement or within 30 calendar days. Patients with an outstanding balance beyond 60 days will be asked to make payment arrangements prior to scheduling future appointments.

**Financial Responsibility**

We understand the difficulties involved in divorce and court orders. Newtown Center Pediatrics does not become involved in negotiating between parents/guardians in financial disputes. It is the responsibility of the parent attending the appointment to collect from the other parent.

**Coordination of Benefits (COB)**

If both parents have their own commercial health coverage and each plan covers the same dependent child, the birthday rule is used to determine which insurance plan is primary and which is secondary. The rule states that for those families in which both parents have commercial health coverage, the parent whose birth month and birth day of the month comes first has primary coverage. The birth year is not taken into consideration.

**How to pay your bill**

Call our friendly front office team at 203-426-3267 to make a payment over the phone. Or mail a check to 10 Queen Street, Newtown, CT 06470. Please be sure to include your statement number and your child's name. In addition, **we can keep a secure copy of your credit card on file for auto-payments, as requested.**

**Returned Checks:** A \$25.00 fee will be charged for any checks returned for insufficient funds and you will be asked to pay by cash or with credit card for future visits.

**Credit Card on File:** Newtown Center Pediatrics recommends that a credit card be kept on file for balances that may be incurred on the account. Credit Card on File will be used to pay account balances after insurance adjudication. (initials)

*Review and consent of this policy are required prior to services rendered.*

Patient's first name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

My initials above and signature below certify that I have read and consent to the outlined policies and procedures.

Signature Printed name of parent/guardian: Date: \_\_/\_\_/\_\_