

Delaware Valley Pediatric Associates, P.A.
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 with the Billing Department. This includes applicable deductibles and co-payments for participating insurance companies. DVPA accepts cash, personal checks, Visa, Master Card, Discover, & American Express. 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 removed if full payment is received within 7 days.

We will submit medical claims to insurance companies that 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. Any balance after processing of our claim by your carrier is your responsibility. Your insurance policy is a contract between you and your insurance company. You are responsible for verifying if providers are in network with your insurance company. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. It is your responsibility to know the benefits of your policy as it may not cover all of the services provided to the patient. You must also follow the rules of your policy (such as authorizations needed for specialty care, procedures, lab testing, and Emergency room use).

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 7), between the hours of 9:00am and 5:00 pm, Monday thru Friday or via email at billing@delvalped.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 to provide the proper insurance card. In the case (such as divorce) we hold the accompanying adult responsible for payment at the time of service. It will then be up to him/her to seek repayment from the other parent if that is their arrangement. 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.

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 fourth 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.