



Geronimo Village Pediatrics

Payment Policy

Insurance

- Please provide a copy of your insurance card at each visit.
- We participate with most insurance plans. Your insurance coverage and benefits are a contract between you and your insurance company. Each plan has different benefits as well as different financial obligations. Not all insurance policies cover all services. It is your responsibility to check with your insurance company to determine covered benefits.
- We are required to file with your primary carrier only. It is your responsibility to file charges with any secondary insurance carriers for reimbursement.
- **If you have insurance coverage under a plan with which we do not have a contract**, you will be treated as a “self-pay” patient and will be provided documentation to assist you in filing your own claim. We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service and payment for services is due at the time of service. You will be asked to sign a waiver stating that you have no health insurance and will not be filing with any health insurance carriers. Failure to sign this waiver may result in cancellation of your appointment.
- We cannot extend professional courtesy discounts.

Payment

Payment is expected at the time of service. This includes co-pays, co-insurance, balances, and deductibles. Failure to produce payment at check-in may result in your appointment being rescheduled.

- As a courtesy to our patients we gladly accept cash, check, money order, Visa, Master Card, American Express and Discover.
- In the case of services provided for minors, the individual who initiates services for the child will be responsible for payment. **We do not bill another individual or estranged spouse for payment.**
- A service charge of \$35 will be added for:
 - Returned checks
 - Re-filing of insurance due to incomplete or incorrect information given at the time of service.
 - Administrative fee associated with accounts turned over to collection agencies.

Appointments and Cancelling Services

- An appointment written in our schedule with your child’s name on it is a bond of trust that we will be here to serve you and you will be present for that appointment. The appointment is made with your approval and is considered confirmed whether or not you receive a reminder e-mail, call, or postcard. On the occasion that we might run late, it is due to attending to unanticipated needs of other patients, just as your unanticipated needs might require attention.
- We understand things happen and come up! After your 3rd no show visit we will require 24 hours’ notice to cancel prescheduled appointments and 2 hours’ notice to cancel a same day appointment. **We charge a \$25 no-show fee for missed appointments**, pre-scheduled appointments that are

canceled with less than 24 hours' notice and same day appointments canceled with less than 2 hours' notice. We cannot accept cancellations of appointments left online.

Balances

- Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service. Late payments will incur an additional \$10 per month billing fee.
- Balances on account must be paid prior to receiving additional services.
- Accounts will be turned over to a collection agency if past due 60 days or more. The patient family will be responsible for all collection costs involved with the collection of this account including court cost, reasonable attorney fees and all other expenses incurred with collection if there is a default on any unpaid balance.
- Failure to pay balance may result in discharge from the practice.
- **Should you have extraordinary financial pressures, we will assist you with a payment plan, agreed to in writing with our office prior to services being rendered. Just communicate this difficulty!**

Form Fees

- A fee of \$10 will be assessed for any form requiring completion in less than 5 business days.

Important note about Billing:

Insurance companies have very specific regulations about billing for health care services. As your health care providers, we are required to follow those regulations in how we report services provided to you. All physicians/providers must report to the insurance company in a universal code system linked to the service, treatment or procedure provided. **It is not uncommon for a patient to receive a regular check-up and an evaluation of an acute or chronic illness (ex: ADD/ADHD, asthma, ear aches, and sore throats). In these cases your insurance may be billed for a well child exam and an additional office visit.**

For example:

- Your child is evaluated and treated for an ear infection as well as examined for his well child exam. Both services must be reported to the insurance company.
- A child with asthma may have his/her asthma evaluated at the same time as the well child exam. Again, both services must be reported to the insurance company.

Insurance companies handle these reported codes differently. **Some insurance companies may require an additional co-pay to cover the charge and/or the charge may go towards your co-insurance or deductible; this is determined entirely by your insurance company.** If you have questions, please check with your insurance carrier.

We appreciate the opportunity to participate in your family's healthcare. As always, we are dedicated to providing the best possible care for your children!