



Children's Mercy-Premier Pediatrics

8675 College Boulevard, Suite 100

Overland Park, KS 66210

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PAYMENT POLICIES – EFFECTIVE OCTOBER 2023

Thank you for choosing CM-Premier Pediatrics for your child's medical care. We are providing you with the following information to help you understand our insurance and billing policies.

YOUR RESPONSIBILITIES:

- **Credit Card on File:** Due to the ever-increasing changes in the structuring of insurance plans and patient responsibility associated with such, **we require all parents to leave a credit card on file with our office. If you do not provide a credit card, you will not be seen.** If your credit card declines and we cannot collect payment, you will be subject to a \$25 fee. The card number will not be stored on our computer servers, rather encrypted off site at InstaMed Secure Data Centers.
- **Payments:** **You must pay your co-pay at the time of the office visit.** Our contracts with **the insurance companies require us to collect the co-pay at the time of service.** If your insurance doesn't validate in our system with a co-pay, but later processes with a co-pay, the card on file will be charged for that amount. Returned Checks/Insufficient Funds will have an additional \$35 charge to the account.
- **Vaccines: Once you verbally agree with the provider on vaccines, they will be prepared and you will be financially responsible for them.**
- **Deductibles & Co-insurance: Deductibles and Co-insurance: We submit claims to your insurance company after your visit. Once your insurance processes the claim, they let us know what your responsibility is. The insurance company will send you an Explanation of Benefits. If you dispute the charges that are applied to you, please contact our Billing Office. Your card on file will be charged when your claim processes. If you would like to be set up on a payment plan, please call our office. If your card is declined, you will incur a \$25 fee and we will send you a statement and a non-payment letter. Accounts over 90 days will be sent to RSH Collection Agency and your relationship with the practice is subject to cancelation after 30 days of urgent and emergent care.**
 - **If your claim is denied, we will contact you to resolve the situation before collecting any amounts owed for non-covered services.**
- **Insurance Plan: You must show your current insurance card at every visit.** It is your responsibility to confirm with your insurance company that the physician is currently under contract with your plan or be willing to be seen at "out of network" benefits. Any questions about medical, well baby/preventative care, labs/x-rays and immunization coverage should be directed to your insurance carrier prior to your visits. You are responsible for all co-pays, deductibles and non-covered services determined by your insurance plan. If we cannot validate your coverage, we may assign your account to self-paid status and request full payment at the end of your visit.
- **Know your insurance benefits:** Your insurance policy is a contract between *you* and your insurance company, even if your employer provides it. You are responsible for knowing what services are covered (and how often, in the case of well visits), and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover, or for which you have a deductible that has not been met. You also are responsible for knowing where your insurance requires you to go for any lab or radiology procedures. If your insurance plan requires you to **choose a primary care provider**, you must contact your carrier and select one of our providers as soon as your medical records are transferred. In accordance with carrier guidelines, we cannot schedule any appointments or write any referrals until we receive notice that you have added one of our providers as your primary care physician.
- **Collections:** If you have not paid your bill or have not arranged for a payment plan, the practice may ask for the assistance of an outside collection agency. If your account is turned over to a collection agency, you will be dismissed from the practice. Once an account is placed with a collection agency, a **30% collection charge** will be added to cover the collection fees. The practice will try to work with you to avoid being sent to a collection agency.

- **Non-participating insurance carrier or share policies:** We will expect payment from you at the time of service, and it will be your responsibility to submit any claims to your insurance company for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process.
- **Divorce or split family situations:** Charges due will be charged to the credit card on file. If a statement is required for billing, it will be sent to the guarantor. The guarantor is defined as the parent/person who provides the primary residence for the child. The guarantor can be different than the main insurance policy holder. The guarantor is the “primary” contact that is pulled from registration. If the guarantor believes a former spouse is responsible for the balance, the guarantor must forward the statement to him or her.

OFFICE POLICIES

- **Authorization to Treat:** Premier Pediatrics is providing care under the assumption that the person bringing the child to the office has been authorized by parent/guardian to bring the patient in for care, therefore authorizing Protected Health Information (PHI) to be shared with the person accompanying the child. This will remain in effect from this date forward unless “written” revocation of such.
- **Appointments & Late Arrivals:** We ask you to arrive on time to your appointment. If you are more than 15 minutes late you will be rescheduled.
- **No Shows/Same Day Cancellations: Patients who do not keep their appointments deprive others of an opportunity to see their doctor. Please call as soon as you know that you will not be able to keep an appointment. We reserve the right to charge a \$50 no show fee/same day cancellation if the appointment is cancelled less than 24 hours or the patient simply does not show for the appointment. If you leave a message to cancel, it must be within normal business hours, Monday-Friday. If there are three No Show or same day cancellation occurrences, we reserve the right to dismiss you from the practice.**
- **Forms:** At your request, a completed generic health form will be provided at every well visit for each of your children free of charge. This form can be used for all school and camp applications. We will NOT complete a form for patients who have not had a wellness visit in the last 12 months. Forms requested after the well visit will be sent to you through the patient portal free of charge. There is a \$10 charge for all other requests of health forms and may take up to 10 days to process. Special processes such as guardianship, social security benefit application, FMLA paperwork, etc., will be done within 14 business days at a cost of \$25.
- **Notice of Privacy Practices (HIPAA):** I understand the Notice of Privacy Practices documents are made available to me regarding HIPAA. I understand that I have the right to ask for a complete copy of these documents for evaluation at any time.

Patient Name: _____ DOB _____	Patient Name: _____ DOB _____
Patient Name: _____ DOB _____	Patient Name: _____ DOB _____
Patient Name: _____ DOB _____	Patient Name: _____ DOB _____

(Please list all family members with first and last names seen at Premier Pediatrics)

By signing below, I acknowledge understanding of all of the policies listed above.

PRINT NAME (first and last): _____

Signature: _____ **Date:** _____
 (Signature of parent or legal guardian if patient is less than 18 years old)
 (Signature of PATIENT if over 18 years of age)

This Financial Agreement is Effective for 2 Years from Date Above)