

Oberlin Road Pediatrics Financial Policy

Thank you for choosing Oberlin Road Pediatrics as your child's medical home.
Our goal is great quality care, with open communication and clarity about financial responsibility.

(initial)

___ **Insurance:** We participate with most insurance plans. Your insurance coverage and benefits are a contract between you and your insurance company.
Please provide a copy of your insurance card at each visit.

___ **Services Not Covered by Insurance:** It is your responsibility to check with your insurance company to determine covered benefits. The patient/guarantor is responsible for 100% of charges the insurance company chooses not to cover, including but not limited to co-payments, deductibles, vaccines, developmental screenings, and after-hour/weekend appointment charges.

___ **Well Child visit services:** Well Child checks are preventive care services meant to evaluate the child's growth, development, discuss preventative care, and review and administer vaccinations. If you have additional concerns that you would like to address such as fever, asthma, ear infections, initiating/changing a medication, ADHD etc., or if your child is medically complex, your insurance company may bill you a second co-pay or apply this portion of your visit to your deductible. The physicians at ORP code accurately and by the Medicaid rules that govern all insurance plans, so we may bill for both a Well visit and a Sick/Medical concern in the same visit. This cost for the additional concerns may go patient responsibility.

___ **Credit Card on File Policy:** We participate with CardPointe, a secure Payment Processing Platform such as the ones used for online retail stores. The stored credit card can be used to pay co-pays and charges at future visits. This service is secure, encrypted, and our staff does not have knowledge of your credit card number.

Circumstances when your card would be charged by ORP include but are not limited to:

- Co-pays and insurance deductibles
- Missed or canceled appointments without appropriate notice (see below)
- Any non-covered services and/or denial of services allocated to patient responsibility
- Any amount not paid by your insurance 90 days after a corrected claim has been filed

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

If your balance due is larger than \$200.00, we will provide a courtesy call and email to let you know we will be charging your card on file or determine if you need to establish a payment plan.

___ **For patients who don't have insurance or are not using insurance:** Per federal CMS rules, you have the right to request a Good Faith Estimate for the total cost of any non-emergency items and services. This includes related costs like medical tests and office fees. This is an estimate, not a bill. Please ask for a Good Faith Estimate at the time of scheduling your visit, and you will receive this in writing at least 1 business day before your appointment. For more information, go to cms.gov.
We offer a 25% discount to self-pay patients when paid in full the day of the visit.

___ **Financial Hardship:** Should you have extraordinary financial pressures; we will assist you with a payment plan. This plan will need to be IN WRITING with our billing department prior to scheduling future visits. No balance over \$500.00 can be carried on a family account unless a payment plan has been signed and the arrangement is being followed. The balance should be paid off in the next 12 months.

- ___ **Missed Appointments:** There is a \$50 no-show fee that will be charged to the credit card on file.
Cancellation policy: Speak to an ORP employee at least 24 hours in advance for Well Child Checks or Medicine/Behavioral consults or Medicine recheck visits, or at least 4 hours for office acute care visits or vaccine appointments.
After 3 missed appointments, we reserved the right to dismiss the family from the office.
- ___ **Form and letter fee** (daycare forms, school forms, camp, sports, allergy, individual school, or travel letters, etc.): Effective 1/1/2023, there will be a \$10 fee (per child) for forms that are completed outside of a Well Child scheduled visit. The office spends about 600+ hours a year completing forms outside of the child's visit. Most are completed in a timely way, but any form that needs "RUSH" completion of < 3 business days will have a charge of \$30.
Individual letters from the physician will incur a fee of \$10/letter. Letters to return to activities or school excuses are free. Forms that can be completed during the scope of the visit are free.
- ___ **Copying medical records:** With your written consent, we will provide you with a copy of your child's medical record for a fee of \$20 per child.
- ___ **After-hour phone nurse triage:** After 8 pm (5 pm on Fridays) and on holidays, our phones transfer to an answering service. If you need medical triage advice, the call will be transferred to the Wake Med Nurse Triage services. A registered nurse will answer, address urgent concerns, and can page the on-call MD if needed. There is a \$22 charge for calls that need the Wake Med nurse triage service, and this will be billed directly to you. We will waive this free for calls regarding newborns <90 days old, or calls where the patient is instructed to go to the Emergency Room based on their severity of illness.
- ___ **Service charges:** Keeping a credit card on file prevents most service charges. Service charges are only accrued if there are late payments, inaccurate insurance information, or failure to pay bills.
A \$15 administrative fee will be charged if the co-pay is not received within 48 hours of service.
A \$35 administrative service charge will be added for:
- Re-filing of insurance due to incomplete or incorrect information given at the time of service, including if the insurance has been terminated.
- Administrative fee associated with accounts turned over to collection agencies.
- Returned checks.
Any amount not covered by the patient's insurance including applicable deductibles, additional copays, etc. will be due 30 days from the time of the service. Late payments will incur an additional \$10 per month billing fee.
Accounts will be turned over to a collection agency if past due 90 days or more. Failure to pay the balance may result in discharge from the practice.
The family is responsible for all collection costs involved with the collection of your account including court costs, reasonable attorney fees, and all other expenses incurred with collection if there is a default on any unpaid balance.

Signed: _____

Date: _____

Printed name: _____

Name of Guarantor of child's Insurance: _____