

Billing Guidelines

Patient Name: _____

Date of Birth: _____

Pediatric Health Care Alliance billing policies and a representative list of items with potential fees and charges are outlined below. This information is to ensure you are better informed at the time of service, and prior to the arrival of a billing statement. Please speak with the office manager if you have any questions regarding this information.

- **CO-PAYS:** It is our policy to collect your insurance co-pay at check-in. This simplifies the office process and ensures the financial obligation is met at the time of service.
- **CO-INSURANCE/DEDUCTIBLES:** Every effort is made to fairly estimate the co-insurance or deductible owed based on the nature of the visit. It is our policy to collect these payments at the time of service.
- **BILLING:** As a courtesy, Pediatric Health Care Alliance bills your health insurance provider on your behalf, with the following guidelines/exceptions:
 - **Insurance Card:** It is critical that the most current insurance card is brought to every appointment. We must have the correct information at the time of service. An insurance card is similar to a credit card – the information must be current and valid in order for it to be used.
 - **Auto Insurance:** We do not bill auto insurance for visits and medical care related to an auto accident. Payment will be required at the time of service, and we will provide the paperwork needed for you to submit to the auto insurance provider for reimbursement.
 - **Secondary Insurance:** PHCA only bills TriCare and Medicaid from the secondary insurance governmental plans.
- **COMBINED VISITS:** If you are scheduled for a well child exam, and other health concerns are brought up that would typically require a sick visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly.
- **EVENING/WEEKEND/HOLIDAY SURCHARGE:** Some health insurance providers bill a surcharge if you see your pediatrician after normal business hours, on the weekend, or on a holiday.
- **ADMINISTRATIVE FEES :** PHCA charges various fees for the following items, which require personnel and resources to address.
 - **Copies** of medical records given to the parent (no charge if sent directly to new provider)- \$1.00/per page/first 25 pages, then 25¢/per page thereafter.
 - **Completion** of additional school physical forms, e.g. blue/yellow forms (1st set free at visit)- \$1.00/per page
 - **Special request completion** of camp or sports physical forms (free during visit)- \$20.00
 - **Special request** physician letters- \$20.00
 - **Completion of** FMLA paperwork- \$25.00
 - **Returned check** (for insufficient funds)- \$29.00
 - **No-show / late cancellation fee** when a patient:
 - Does not show for their scheduled visit- \$25.00
 - Cancels a sick appointment less than 4 hours in advance- \$25.00
 - Cancels a well visit less than 24 hours in advance- \$25.00
 - Cancels a consult visit less than 24 hours in advance- \$35.00
 - Cancels any Behavioral Health visit less than 24 hours in advance- \$50.00
 - Cancels less than 24 hours in advance or does not show for any Behavioral Health Testing visit - \$100.00
 - Arrival late (15 minutes or more) for scheduled appointment time even if seen later in the day- \$25.00

Signature _____

Date _____