

**WE** at Mill Brook Pediatrics (MBP) are committed to providing you with quality care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about this financial policy.

**TO** assist us in establishing your MBP financial account, please:

- Supply all necessary information for the accurate billing of your claim, including your insurance card and demographic information.
- Satisfy all insurance co-payments, deductibles and non-covered services on the day that services are rendered.
- Provide your insurance company and MBP with any additional information requested to complete the processing of claims filed on your behalf.
- Authorize release of information necessary for insurance and pre-certification (sign on this sheet below)

### **UNACCOMPANIED MINORS:**

Minor must have an authorization for treatment signed by his/her parent/guardian and is responsible for providing current insurance information for self. Please note that co-payments and /or deductibles are expected at the time of service.

### **REGARDING DIVORCE:**

MBP does not get involved in disputes between divorced or separated parents. MBP does not get involved in disputes regarding financial responsibility for their child's medical expenses, copayments or scheduling appointments. By signing as guarantor below, you agree to be financially responsible for the care we provide for your child, regardless of whether a divorce decree or other arrangement place that obligation on your former spouse.

### **REGARDING INSURANCE:**

**Indemnity / Fee for Service:** We require full payment at the time of service. We will supply you with a copy of your itemized statement so that you can file for reimbursement from your insurance company. Should your insurance company require a more detailed description of services, please have them request it in writing. Insurance is a contract between you and your company. We are not a party to your contract. We will not become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, coordination of benefits, pre-existing conditions or reasonable and customary charges other than to supply the factual information as necessary. You are responsible for timely payment of your account.

### **CONTRACTED MANAGED CARE PLANS (HMO, PPO, POS, EPO)**

Each time you make an appointment with a MBP physician, it is your responsibility to make sure that Lauren Geddes, MD; William Wirth, MD or Mill Brook Pediatrics is currently under contract with your managed care plan and listed as your Primary Care Physician (PCP) or provider. Verification of your coverage and benefits may be required. Often this verification requires us to share the reason for your visit with your managed care plan. Please plan to show your card at each visit.

**REFERRALS:** If you are referred to a specialist, contact your insurance company to see if a pre-approved referral or authorization is required. Your PCP will send you to a specialist affiliated with MBP. Your PCP may occasionally make a referral to a physician outside his/her usual network of specialists, but only if the expertise needed to handle the condition is not available from a specialist affiliated with MBP. Call your PCP's office in order to obtain an insurance referral if one is required. It is your responsibility for giving your doctor's office a minimum of 1 week before being seen by a specialist. Retro referrals may not be allowed on all managed care plan. Therefore if a referral is not obtained, you may be responsible for payment in full by the Specialist.

**PAST DUE ACCOUNTS:** Accounts that have a balance that is 120 days past due will be unable to schedule any health maintenance visits for any patients associated with this account. In order to schedule your next health maintenance visit full payment or payment arrangements must be made. If difficulty should arise in paying your bill, please call our office.

- I have read and understand that I am personally responsible for payment on this account.
- Assignment: I hereby authorize payment directly to MBP or my Physician. Any changes in this authorization must be received in writing within 30 day of the effective date.
- This this practice has a no show appointment fee of \$25, that you are responsible for paying the fee if I do not cancel with 24hrs notice.
- In the event that my insurance company deems a service to be "non-covered" I understand that I am personally responsible for payment. I agree to the release of any and all medical information and financial information necessary to process this and any future claims to my insurer or payer of health benefits, as I may designate that person or entity from time to time, for an indefinite period or until I submit a written revocation of this release. Any changes to this authorization must be received in writing within thirty days of effective date.