

Pediatric Care Unlimited, Inc.
230 George Street, Suite 4
Beckley, West Virginia 25801

Financial Policy

Thank you for choosing Pediatric Care Unlimited as the health care provider for your children. Our practice is committed to providing the best possible care for your children.

It is vitally important to our professional relationship that you have a clear understanding of our Financial Policy. We require, therefore, that you **read, agree to, and sign** our Financial Policy prior to any treatment.

All patients must have an up-to-date "Registration Form" completed and on file before seeing the doctor. Please notify us immediately of any changes in your information.

Office Visits

The adult accompanying a child to the office and the parent/guardian are responsible for **payment in full of any copay amounts due at the time of service**. A payment towards any deductibles or non-covered services is also requested at the time of service.

A claim will be submitted to your insurance company. All remaining balances will be due after receipt of payment and/or explanation of benefits from your insurance.

As a benefit for our patients, if a **non-covered** service is provided, a 15% discount will be given for payment of these charges **in full at the time of service**. Your insurance cannot be billed for these non-covered services if you elect to receive this discount.

A copy of your itemized statement will be given to you at each visit, and this should be retained by you as a permanent record for income tax purposes.

Hospital Visits

A claim will be submitted to your insurance company. Any balance remaining will be due after receipt of payment and/or explanation of benefits from your insurance.

Insurance Policy

A copy of your current insurance card must be presented at each visit. You are required to inform us of any insurance coverage that you have at the time of service. If incorrect insurance information is given, payment for all charges will become your responsibility, and it will be your responsibility to submit your claim to your insurance with the correct information.

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for all services in accordance with proper coding guidelines. Although we will submit a claim with your primary insurance in an effort to assist you, please be aware that some, and perhaps all, of the services provided may be "non-covered" services and may not be considered reasonable and necessary by your insurance company. Final payment of the full amount charged, however,

is your responsibility regardless of your insurance company's determination, as our agreement for medical services is ultimately with you and not with your insurance company.

Our office will be glad to assist you in every way possible to ensure that you receive the correct payment from your insurance company according to the West Virginia Prompt Payment Laws. However, if no payment and/or explanation of benefits is received from your insurance within ninety (90) days, the charges will become your responsibility. Any payment received from your insurance on charges that you have already paid will be reimbursed to you from our office.

It will be your responsibility to submit your claim to any secondary insurance company after receiving your explanation of benefits from your primary carrier.

Medicaid

All patients using a West Virginia State Medical Card for payment of medical services are required to present a current medical card at each visit in which service is obtained. Please note that we will be unable to provide service to your child if there is a Primary Care Provider other than Pediatric Care Unlimited assigned to your child. If you are covered by Unicare for your West Virginia state medical coverage, **you will also need to present your current Unicare card.** Please contact Unicare to ensure that Pediatric Care Unlimited is indicated on your card as your Primary Care Provider.

If incorrect medical coverage information is given at the time of service, our office will not submit old claims retroactively. You will be responsible for any outstanding charges.

Past Due Accounts

Our office strives to assist you in every way possible to keep your account in good standing. When there is a balance due on an account, payments are required on a monthly basis with each billing cycle.

If an account has gone over thirty (30) days with no payment activity, a friendly reminder letter will be sent at the next billing cycle. If an account has gone over sixty (60) days with no payment activity, a second letter will be sent at the next billing cycle indicating that regular monthly payments are required in order to keep the account current. If an account has gone over ninety (90) days without regular, consistent monthly payments, a third letter will be sent at the next billing cycle indicating that a payment **must** be received within ten (10) days, or the account may be referred to an outside collection agency.

Once an account has gone past ninety (90) days without regular, consistent monthly payments, **payment in full will be due for all charges at the time of service**. We will continue to submit a claim with your insurance company, and we will reimburse you all payments received from your insurance.

If an account is referred to an outside collection agency, it will be necessary to dismiss that family from our practice.

No Show Policy

As a courtesy to you, our office attempts to call all patients the day prior to their appointment as a reminder. Unfortunately, we are not always able to reach you at that time. It is your ultimate responsibility to keep any appointments that you have made for your children. Please realize that if an appointment is not kept, this could prevent other patients from scheduling needed appointments. To ensure appointments are available for your children when they are needed, our office has established a "missed appointment" policy.

A friendly reminder letter will be sent after the first time an appointment is missed. After a second missed appointment, there will be a fee of \$25.00 charged to your account. If three appointments have been missed, the family may be dismissed from the practice.

Please help us to provide the best possible care to all of our patients by notifying us if you are unable to keep a scheduled appointment.

Appointments

Patients in our office are seen by appointment only. Please call as early as possible when an appointment is needed for that day. All walk-ins will be triaged by the nurse, and will be scheduled for the next available appointment time. If there is an emergency, the patient will be worked into the schedule immediately. There may be nursing visit fees and/or emergency fees for these services.

Medical Records

Our office will not charge a fee for medical records that are sent to another physician in the event of transfer of care. There will be a fee for requests of all other medical records in the amount of \$0.75 per page. If the records are in storage, there will be a \$5.00 retrieval fee. Our office requires at least 24 hours notice to prepare copies of medical records.

Forms/Letters

There has been a significant increase in the number of forms and letters that are required for our patients. These forms and letters require significant staff and physician time to complete. Forms and letters which are submitted at least a week before they are needed will be completed free of charge. If these are needed within 2-3 days, there will be a charge of \$5.00. If the form or letter is needed by the following day, there will be a charge of \$10.00. If the staff and physician are required to interrupt patient care to complete a form needed immediately, there will be a charge of \$20.00. Payment of these charges will be required in full at the time the form/letter is completed.

Thank you for your understanding of our Financial Policy. If you have any questions or concerns, please feel free to discuss these with our office manager.

I have read, understood, and agreed to the Financial Policy of Pediatric Care Unlimited, Inc. as stated above.

Signature of Parent/Guardian

Date

Office Staff

PARENT/GUARDIAN TO BE PRESENTED WITH A SIGNED COPY