

**Pediatric Care Unlimited, Inc.**  
**230 George Street, Suite 4**  
**Beckley, WV 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. We believe in providing and maintaining a positive and communicative relationship with our families.

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 completed and on file in our electronic check-in system, Phreesia, before seeing the Provider. Please notify us immediately of any changes in your information.

**Office Visits**

The parent/guardian or any authorized caregiver who is accompanying a child to the office is responsible for **payment in full of all co-pays, deductibles, and/or co-insurance amounts** which are due at the time of service as we are required to collect these by our contract with your insurance company. Payment for any non-covered services are also required at the time of service.

A claim will be submitted to your insurance company for services provided in our office. All remaining balances will be due within 30 days after we have received payment and/or an explanation of benefits from your insurance company.

As a benefit for our patients, if a **non-covered** service is provided *or* if your child is **not covered** under a health insurance policy, a 20% discount will be given for payment of these charges **in full at the time of service**. An insurance company cannot be billed, neither at the time of service nor retroactively for these services if you elect to receive this discount.

A receipt for payment will be offered to you at each visit. This should be retained by you as a permanent record for income tax purposes. If a receipt is requested at a later date, there will be a charge of \$1.00 per page.

**Hospital Visits**

A claim will be submitted to your insurance company for services provided by the physician at the hospital. All remaining balances will be due within 30 days after we have received payment and/or an explanation of benefits from your insurance company.

**Insurance Policy**

Our practice participates with many insurance plans. **A copy of your current insurance card must be presented at each visit.** This helps us determine what is covered and allows us to submit a claim to your insurance on your behalf. You are required to inform us of all insurance coverage that you have at the time of service. Even with the same insurance company there are many different versions of coverage. Overall, it is **your responsibility** to familiarize yourself with your policy so that you understand your plan, including types of coverage, restrictions on imaging, laboratories and emergency rooms. We will do our best to answer any questions concerning billing, but you remain responsible to know what procedures and visits are covered.

If you have failed to provide the correct insurance information, you must notify us immediately and we will attempt to submit a claim with the correct insurance company. However, if the claim is denied for any reason, or if it is past the timely filing limit per your insurance, you will be responsible for payment of all charges.

If you are covered by an insurance with which our office is not a participating provider, payment in full will be due for all charges at the time of service. Our office will continue to submit a claim with your insurance company, and you will be reimbursed for any payments that are received from your insurance.

While many insurances cover preventative care in full, additional services may be rendered at those Routine Check-up Visits which may result in additional charges. Many insurances will not cover Routine Visits and problem or sick visits on the same day. If a problem or illness needs addressed during a Routine Check-up Visit, the Routine Visit may need to be rescheduled and/or there may be additional co-pays, co-insurances, or deductibles required by your insurance plan.

If your child receives services, including such services as Sports Physicals, at another facility, such as an Urgent Care or School Clinic, the other facility may consider this a Routine Check-up and may bill your insurance for a Routine Visit. Any further claims from our office for your child's regular Routine Visit may then be denied, and you would be responsible for all charges. Therefore, it is imperative that you **contact our office** for **ALL** services that your child may need. As your child's Primary Care Provider, we will always strive to provide the best and most appropriate medical care for your child.

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 and billing guidelines. Although we will submit a claim with your insurance, please be aware that some, and perhaps all, of the services provided may be "non-covered" services or may not be considered reasonable and necessary by your insurance company. However, you are ultimately responsible for ensuring that all charges are paid in full regardless of your insurance company's determination, as our agreement for medical services is, in fact, with you and not with your insurance company.

Our office will be glad to assist you in every way possible to ensure that prompt and correct payments are received from your insurance company according to the West Virginia Prompt Payment Laws. However, if our office does not receive payment and/or an explanation of benefits from your insurance company within ninety (90) days the charges may become your responsibility. Any payment received from your insurance company on charges that you have already paid may be reimbursed to you or kept as a credit on your account.

### **Medicaid**

**All patients using a West Virginia State Medical Card for payment of medical services are required to present a current medical card yearly for our office to keep on file.** If you are covered by Unicare, Aetna Better Health, or West Virginia Family Health for your West Virginia State medical coverage, **you will also need to present your current card from that company.** Please note that we may be unable to provide service to your child if there is a Primary Care Provider other than Pediatric Care Unlimited assigned to our child. Please contact the Medicaid company that your child is covered under to ensure that Pediatric Care Unlimited is indicated on your card to ensure that Pediatric Care Unlimited is indicated on your card as your child's Primary Care Provider (PCP).

If you have failed to provide the correct medical coverage information, you must notify us immediately and we will attempt to submit a claim with the correct insurance company. However, if the claim is denied for any reason, or if it is past the timely filing limit per your insurance, you will be responsible for payment of all 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, you will receive a billing statement and payment is due in full by the 23<sup>rd</sup> of the month. Please be assured, if there are financial circumstances that preclude you from settling your account promptly, we will be glad to work with you. Please contact our Office Manager so arrangements can be made and noted on your account.

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.** Our office will continue to submit a claim with your insurance company, and you will be reimbursed for any payments that are 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.

### **Responsible Party**

The person accompanying your child to our office is required to pay the charges which are due for all services rendered on that day.

Divorce has no bearing on the responsibility for payment of medical services in our office. Our office is **not** a party to any court orders that you may have regarding payment responsibilities. Each time a payment is made to our office, a receipt will be given to the person submitting the payment, and it is their responsibility to collect from the responsible party. Pediatric Care Unlimited does not participate in payment disputes between separated or divorced parents, or between other various parties.

### **Returned Checks**

There is a fee of \$20.00 for any check that is returned by the bank. Our office will make three (3) attempts to contact you to resolve the original payment as well as the returned check fee. This payment must be made either by cash or credit card. If the balance is not paid in full within fourteen (14) days from the date the check was returned, the check will be submitted to the Magistrate's office and your family may be dismissed from our practice.

If a subsequent check would be returned, our office will no longer be able to accept checks on your account.

### **Missed and Late Appointments**

As a courtesy to you, our office attempts to send reminders two (2) days prior to all appointments. You may choose to receive these reminders by a voice call, text, or email. Therefore, it is **vital** that you ensure that our office has complete and up-to-date phone numbers and email addresses. Unfortunately, we may not always be able to contact you at that time with a reminder. However, it is ultimately your responsibility to keep records of any appointments that you have made for your children. As a courtesy to our office and our other patients, we ask that you notify us at least 6 hours in advance if you need to cancel an appointment. If an appointment is not kept, this could prevent other patients from scheduling needed appointments.

If an appointment is missed, you will receive a reminder of the missed appointment by voice call, text, or email to inform you of the missed appointment and give you the opportunity to call our office to reschedule. A friendly reminder letter will also be sent.

If a second appointment is missed, there may be a fee of \$25.00 - %50.00 charged to your account. These fees are not covered by insurances. If three (3) appointments are missed, the family may be dismissed from our practice.

If you are more than 15 minutes late for your appointment, we may need to reschedule the appointment out of courtesy to our other patients. We may be able to try and work you in, however, you would have to wait until there is an available appointment time or we may be able to offer you an appointment with another provider, if available.

### **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 scheduled for the next available appointment time later the same day or on the following day. If the patient needs to be seen that day and our schedule is full for that day, the walk-ins will be seen after all of the scheduled appointments have been seen. If there is an emergency, the patient will be worked into the schedule immediately. There may be Emergency Fees for these services which are not typically covered by most insurance companies.

We do provide an Early Bird Walk-In Clinic from 8:15am – 8:45am for simple acute problems that have been present for less than three (3) days to allow parents to have the child seen quickly before work or school.

### **Medical Records**

Our office does not charge a fee the **first** time medical records are requested to be sent directly to another physician in the event of transfer of care. If you request that we transfer records to a second physician,

there will be a fee of \$0.75 per page in accordance with West Virginia law. This fee will also apply to all other requests for medical records sent to other parties. If the records are in storage, there will be an additional \$5.00 retrieval fee. Records will be transferred within thirty (30) days of the written request according to West Virginia law.

**Forms and Letters**

Forms and letters require significant staff and physician time to prepare and complete. Forms and letters which are submitted at least 5 business days in advance will be completed free of charge. If a form or letter is needed within 2-4 business days, there will be a charge of \$5.00. If the form is needed by the following day, there will be a \$10.00 charge. 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 or letter is picked up from the office.

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, understand, and agree to the Financial Policy of Pediatric Care Unlimited, Inc. as stated above.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date