



Financial Policy

Thank you for choosing Andover Pediatrics. We hope that this information helps you to better understand how your healthcare visits are billed, and how your insurance plan deductibles and copays work.

Types of office visits:

Well visits, Sick Visits and Extended or Combo Visits

- Most insurance plans no longer charge a copay for **well visits** (physicals), however they do have a narrow definition of what is included or not included in that visit.
- **Sick visits** or “problem” visits will be charged a copay and may have fees that are charged to your deductible.
- **Extended or Combo visits** are scheduled for patient convenience and are essentially a **Well Visit** + a **Sick Visit** combined in a single trip to the doctor’s office. In these cases, the defined **Well Visit** will be covered according to your plan, and the defined **Sick Visit** will be charged to your deductible. We do not want to deter you from asking questions or discussing new concerns during your visit, but do want you to understand that these are defined as essentially two visits that are scheduled in the same day – one for the **physical** and one for the **illness or new concerns**.
- These are some of the many examples of visits to our office:
 - A toddler comes in for a **routine Well Visit and routine immunizations**. The child also has a *cold and is found to have an ear infection requiring antibiotics*. The provider will bill for the **Well Visit** PLUS the **assessment and treatment of the ear infection**. The parent will be responsible for the copay / deductible / co-insurance according to their plan.
 - A child is seen for a **Well Visit**. The *child has asthma and the provider determines that the asthma is not well controlled. The provider changes the child’s medication plan, provides additional family education on the medications and nebulizer, and provides a new asthma action plan*. The provider will bill for the **Well Visit** PLUS an **additional charge for the asthma management**. The parent will be responsible for the copay / deductible / co-insurance according to their plan.
 - A child is seen for a **Well Visit**. The *child has asthma that is well controlled on the current medications and treatment plan. No changes are needed to the Medications or treatment plan*. The provider will bill for the **Well Visit** and there would be no additional charges for that visit. No copay is required.

Behavioral Assessments & Developmental Screenings

In accordance with standards of pediatric care and American Academy of Pediatrics guidelines, we offer early and periodic screening for behavioral and developmental health problems at all well visits. These screening questionnaires allow us to provide your child with the best possible care, are required by MassHealth, and covered by most insurance providers. Please be advised that some insurance companies do not fully cover these assessments and you may incur a co-insurance or deductible amount for the screenings.

Routine Vision and Hearing Exams

Vision and hearing exams are commonly completed at childhood physicals. Although most insurance plans cover these as part of the annual physical, there are some plans that do not cover them. Please confirm with your insurance company if your plan covers these. If your plan does not cover routine hearing and vision exams, you may decline the exam *prior to the start of the visit*, or choose to complete the exams and your insurance plan may bill your deductible or co-insurance for this as an uncovered service.

Travel Vaccines

Special vaccines may be necessary for international travel. These vaccines may or may not be covered by your insurance plan. We recommend that you contact your insurance company to inquire about coverage, deductibles, and out of pocket costs for these vaccines.

Some travel vaccines are not commonly in stock in Pediatrics. We may refer you to a Travel Clinic to receive vaccines that we do not carry.

Sports Physicals

A **Sports Physical** is a separate exam and protocol from an annual physical, and is designed specifically for clearance to play sports. This visit is generally not covered by many insurance plans.

We recommend that you contact your insurance company to inquire about coverage, deductibles, and out of pocket costs for sports physicals. Please anticipate that you will be billed for this visit, and it will be your financial responsibility.

Insurance and Payments:

Responsibility for the Bill

It is the expectation that all patients/ guarantors receiving services are financially responsible for the timely payment of all charges incurred. The practice will file a bill to the insurance company on file, however the patient/ guarantor is ultimately responsible for payment.

Not all visits, services, treatments, supplies and medications are covered by insurance. It should be understood that by accepting the visit and care, the patient/ guarantor is responsible for payment of any fees not covered by insurance.

If parents / guardians are separated or divorced:

- The **guarantor** will be listed as the parent that holds the insurance, and they will receive the bills.

- The parent/ guardian that brings the child to the appointment will be responsible for payment of the copay at the time of check in for that visit.
- If you have specific payment arrangements in place as part of the Divorce or Custody agreement, please give us a copy of that document.
- We cannot and will not mediate financial disputes between parents.

Updating your Insurance

We cannot bill your insurance company unless you give us your current insurance info, including a copy of the card, and keep your address, contact info, and insurance plan info up to date. The patient / guarantor is responsible for providing the office with current info at each visit.

Your insurance plan is a contract, and you are contractually obligated to pay any copay, deductible or co-insurance as defined by your plan. Please be familiar with your insurance plan, including how the copays and deductibles work, and if you need to use specific lab, imaging or specialist networks. The better you understand your plan, the easier it will be to understand your options and bills.

If you have two or more insurance plans, be sure to notify us so that we can bill according to **Coordination of Benefits** guidelines.

Our office cannot tell you in advance what the exact fees for the visit will be or if they will be covered by your insurance. Each insurance company has multiple plans and each employer plan is structured differently with different coverage levels. Please direct coverage questions to the customer service line listed on your insurance card.

Visit Charges, Copays and Deductibles

Your insurance policy is a contract between you and the insurance company. We cannot change your coverage, benefits or deductibles. Nor can we “change the codes” so that you don’t get billed for a service received. The powers that be consider that to be fraud, and we just can’t take care of your family from prison!

Your visit will be coded and charged based on the services provided. The codes are part of a nationally standardized medical coding system, and have clear definitions. The codes represent the level of care provided both in the room, as well as behind the scenes before and after your visit.

Your **copay** is defined by your insurance plan, and is usually listed on your insurance card. That is the amount that you are responsible for paying at the time of check in for each visit.

Your **deductible** is also defined by your insurance plan. This is the amount that you are required, by your insurance plan, to pay before your insurance plan coverage starts to plan. If a bill states that the visit cost falls to your deductible, then you are responsible for paying it. Once your deductible has been met, you may have no out of pocket costs or you may have a **coinsurance** amount, meaning that you pay a portion of the bill and the insurance company pays a portion of the bill. Again, these are defined by your insurance plan, and we cannot change them.

If you do not have insurance and are planning to “self-pay” for the visit, please notify us in advance. We can attempt to provide an estimate, but will not have the final charges until the visit and any necessary treatments have been completed.

Patient Balances & Payment Plans

Self-pay expenses, your copay, deductible and/or co-insurance are your responsibility and are the Patient Balance. All patient balances are due within 30 days of the statement date.

Failure to provide current insurance information will result in the cost of the visit becoming the patient’s responsibility.

If you are in need of a payment plan, please call our office and speak with the Billing Team to set that up within 30 days of the statement date.

Bad debt & legal action

If the patient balances are not paid in a timely manner we reserve the right to refer the account to an attorney or collection agency. You will then be responsible for the original balance and any attorney or collection fees incurred on your account.

Returned Checks

Any “bounced” checks will incur a \$25 fee for insufficient funds and re-processing of the invoice. This fee will be added to your original balance and you will be responsible for payment of the total.

Other Details:

Minor Patients

Patients age 16 years or older may attend some visits without a parent present. Please call to confirm that the patient may attend a visit unaccompanied. A parent/guarantor must be available by phone during the visit, and is responsible for payment of the copay and visit fees whether they attend the visit or not.

Motor Vehicle Accidents & Workers Compensation Claims

Please tell us if this visit or injury is due to a car accident or work injury.

We do not directly bill Worker’s Comp or Motor Vehicle Insurance companies. We will need to get the MVA or WC case info and billing info and submit the appropriate paperwork or reimbursement forms for coverage. Generally medical insurance will not cover these injuries. You may be billed and will need to seek reimbursement from the car insurance or worker’s comp insurance company.

Patient records, correspondence and forms completion

Copies of Medical Records are available to the patient, parent or legal guardian, after a signed Medical Record Release form and payment of \$10 is received. Please note that if the patient is age 18 or over, the patient must sign the Release form. We strive to have medical records released within 5 days.

Requests for Forms & Letters take 5 days and may be longer if additional information is needed.

Release of Information

By signing the Release of Information form, I authorize Andover Pediatrics to release all necessary information to the insurance company or third-party payer.

Health care billing and insurance plan coverage has become increasingly complicated and regulated. Please feel free to ask any questions, and to reach out to the customer service number on your insurance card to learn more about what you will be financially responsible for.