

# Financial Policy

Our goal at **Pediatric Medical Group of Riverside, Inc.** is to provide and maintain great physician-patient relationships. Letting you know in advance of our financial policies allows for a good flow of communication and ensures that we achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

## Uninsured Payment Policy

We offer a Time-of-Service Payment Discount to those of our patients that may not have insurance coverage. We understand that it is sometimes difficult to pay your bill in full when the total amount is out of pocket.

Therefore, we offer a discount off of our regular visit fees when you make payment at the time that services are received because by paying at your visit you help to keep costs down for our office. By eliminating the expense of billing, mailing and follow up, we are happy to pass those savings along to you.

**Credit Cards:** For your convenience, we accept Visa and MasterCard. Payments by credit card may also be made over the phone directly with our Billing Office.

**Please note:** we can only discount our services. Discounts cannot be applied to products such as lab tests because we have to buy those products and need to collect what those products cost us to purchase. VFC (vaccine for children) rates may be available for some of our cash clients.

### For patients in networks in which we participate:

We accept the following insurances: RPN (Riverside Physician's Network) HMOs: PPOs Aetna, Blue Cross, Blue Shield, Cigna, HealthNet,

**Co-pays:** It is our policy and contractual obligation with your insurer to collect co-payments, co-insurance and deductibles at the time of service.

1. On arrival, please check in at the front desk and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card any time there is an insurance change. This is your verification of the correct insurance and consent to bill the insurer on your child's behalf. If the insurance company that you designate is incorrect, the insurance company to which the claim is submitted will be denied by them and you will be billed for those services. Most insurance companies have timely filing limits, and by the time a claim is denied, it may be too late to collect from the correct insurance company. Therefore you will be responsible for payment even if your correct insurance company denied the claim.
2. If we are your primary care physician, please make sure that our name or phone number appears on your card (if applicable). If your insurance company has not been informed that we are your primary care physician as of this date, you may be financially responsible for the visit because they will deny payment to us for services rendered if we are not the physician on file in their system.
3. According to your insurance plan, you are responsible for paying any and all copayments, deductibles, and coinsurances, and we have a contractual obligation with your insurer to collect those payments. If we do not, we may be held liable for fraud.
4. We will submit to secondary insurance plans but please clearly inform us if there is more than one insurance and which one is primary.
5. Please make it a priority to understand your benefit plan, regardless of how complex it seems to be. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered, as we cannot track all of our patients individual plans. If you are not sure what is required, we are happy

to have you call your insurance company from our office and find out prior to services being rendered.

6. If you owe us a balance (except if there is a payment plan in place) we require that for scheduled appointments all prior balances must be paid prior to that visit.
7. Co-payments and co-insurance is always due at the time of service. A **\$10 processing fee (or service fee)** will be charged in addition to your co-payment if the co-payment is not paid at time of service or by the end of the next business day, as it costs us at least that much to bill you for it.
8. Once we receive your insurance plan's explanation of benefits, any balances due from you will be billed upon receipt of that explanation. Your payment is due within 10 business days of your receipt of your bill.
9. If previous arrangements have not been made for a payment plan, any account balance outstanding greater than 28 days will be charged a \$10 re-bill fee. Unfortunately, if we do not hear from you within 60 days, those overdue balances will have to be forwarded to an external agency for collection.
10. We require 24-hour notice for canceling any appointments. If appointments are cancelled or broken more than three times, we will bill you a **\$25** charge.
11. When signing up for an appointment, please understand that this time slot is no longer available for another patient. Therefore, if you "no show" (or don't come to an appointment that you have scheduled without informing us), this is not only an inconvenience to us but also to our other patients. If you "no show" for three appointments within the family, we may need to ask you to find another physician.
12. Banks charge us for returned checks and it costs us to reprocess your bill and follow up with you, so in the event that any checks are returned for insufficient funds, we will need to charge you a **\$25** fee which includes our bank fee.
13. Advance notice is needed for all non-emergent referrals, so please give us 3 to 5 business days to create a referral for you. While we will make every effort to refer you to a physician participating in your plan, if you are requesting a referral to a specific provider it is your responsibility to know if that selected specialist participates in your plan. Please note that your plan may not cover referrals to out-of-network providers and therefore those charges may be billed directly to you.
14. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a 'well' visit. Not all plans cover annual physicals or hearing and vision screenings. For any services not covered, you will be responsible for payment at the time of visit.
15. **Forms:** There is a \$25.00 fee for all FMLA forms and letters. Payment is due upon request. Please leave your forms with our front office staff, and allow 24 hours for completion. There will be a \$10.00 fee for additional yellow immunization cards.
16. Not all services provided by our office are covered by every plan. Any service determined as 'not covered' by your plan will be billed to your account, so please check with your insurer about any services that may be excluded in your policy.
17. **Outside Services:** Please be advised that you may receive separate bills for any lab test, cultures, x-rays, etc. that are performed by or sent to outside sources for analysis. Any inquires regarding these charges should be made directly to that facility's business office. It is the responsibility of the insured to be aware of the covered facilities for outside services (i.e. specialists, hospitals, labs, radiologist, etc.) PMG is not responsible for any out of pocket expense due from a non-covered outside service provider.

**I have read and understand Pediatric Medical Group of Riverside, Inc.'s office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined herein. I also understand that policies may change without notice.**

Patient Name(s)

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Responsible party member's name

Relationship

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Responsible party member's signature

Date