

# Pediatric Associates of Ocala – Office Policies

## \*After Hours Phone Calls

There will be a \$30.00 after hours phone consultation fee for all calls made to the On-Call Provider after normal business hours. Insurance plans do not reimburse this charge and patient will be responsible in full. This option is intended for emergency purposes and we are happy to offer this service during evenings and weekends. After regular office hours, you may leave a message for the office staff to return your call at (352) 369-8700 or you may reach the On-Call Provider at (352) 369-8700 and press 2 (following our voicemail instructions).

## \*Preventive Care Appointments

Our office follows the American Academy of Pediatric guidelines which requires all patients to receive annual preventive care visits and required immunizations. In these visits, the provider does a complete health examination. If wellness visits are reluctant to be scheduled or kept, this will result in the child and all siblings to be discharged from our practice.

Please note, Pediatric Associates of Ocala is only permitted to care for patients through the age of 18 years old under our medical malpractice insurance.

## \*Walk-In Visits and Late Appointments

All visits require an appointment.

Unfortunately, under most circumstances, we are unable to see your child if you walk in without an appointment. You may be asked to return later in the day when the schedule allows. Please call the office to speak with our nursing staff or make an appointment. This will make sure that the provider has the appropriate amount of time to address your concerns.

Our office believes that everyone's time is valuable and we try to remain on time as much as possible. If you are running late or would like an additional child seen, please call the office so that we can make the most appropriate accommodations.

Please note, if you are late 10 minutes or more, you may be asked to reschedule your appointment.

**\*Canceled appointments-** As we do understand emergencies arise, please be courteous and cancel or reschedule your appointment at least 24 hours in advance. If you have an appointment that is "no call no show" you will be charged a \$50.00 office fee. No insurance plan reimburses this charge and patient will be responsible in full.

Three or more missed appointments without notice will result in a discharge from the practice.

## \*Form and Letter Request Fee

Any form requiring a provider's signature and/or requiring provider documentation of medical information will be subject to a **\$5.00 form fee per page**. (*One physical and vaccine record are given per year at your annual well child visit at no cost*). Please be aware other forms such as Patient Letter, Sports Physical Form, Handicap Form, and 504 Plan Forms are subject to a higher form fee. **FMLA Forms are subject to a \$30.00 fee** due to complexity of documents needed to complete these packets for our patients and/or families.

## \*Well and Sick / Same day Appointments

When any patient is scheduled for a well appointment and is also seen for any unrelated issue, you may be subject to additional billing per your insurance for a sick visit on the same day.

It will be the member's responsibility if any copay, coinsurance, and/or deductible are applied.

### **\*Financial Policy**

Pediatric Associates is committed to providing you with the best possible care and will be 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 regarding our fees, financial policy or your responsibility

**\*Fees for service- Fees for services provided are due at time of service. If for any reason you are unable to pay upon check out you will be charged a \$10.00 service fee in addition to the payment due at that time.** I

understand that my insurance company may require an authorization for services. If for any reason my insurance company does not give authorization for services incurred by the patient, I will be responsible for any and all charges.

**\*Self pay-** Payment in full is expected at the time of service.

**\*Medicaid-** it is the policy of our practice **NOT** to accept Medicaid as we are not contracted with these plans. Due to this, we are unable to see any patient as selfpay if they have any form of Medicaid Insurance.

**\*Insurance-** This practice participates with most insurance companies and will file a claim with your insurance carrier. You are expected to pay any deductibles, co-pays or percentages as required by your policy at the time of service. It is your responsibility to verify that Pediatric Associates participates with your insurance carrier and be aware of your specific plan benefits. If we are unable to verify benefits, you will be expected to pay in full at the time of service and we will provide you with the necessary receipt to file a claim to get your reimbursement.

**\*Insurance denials-** If a claim is denied due to insufficient patient information or updated patient information required from you, the balance of the claim will be the patient's responsibility to pay in full, as well as, to contact your insurance company to correct the necessary information. Please note, due to the HIPAA laws and billing methods, insurances have begun to require all information for a patient (full name, address, date of birth, relationship to insured, and social security numbers) be included on a claim to verify the patient. If this information is not obtained, your claims may be denied and the balance will be patient's responsibility in full.

### **\*Financial Agreement**

I agree that should the amount of insurance benefit be insufficient to cover the expenses, I will be responsible for payment of the difference. I will be responsible for the entire amount due (excluding disallowed amounts per a managed care contract) for services rendered if the expense is non-covered under the policy. I understand that Pediatric Associates will not become involved in disputes between me and my insurance company, regarding deductibles, co-payments, covered charges and or usual and customary charges other than to supply factual information as necessary.

**Children of divorced parents-** we do not become involved in disputes between parents and divorce decrees. The parent or guardian accompanying the child at the time of service will be responsible for payment.