



Billing & Insurance Policies

Thank you for choosing Owensboro Pediatrics for your child's medical care. We are providing you with the following information to help you understand our insurance and billing policies. **Please note that if you are here for a well child visit and a problem is also assessed, then your insurance may be billed for both a wellness and sick visit together. This may result in a copay or deductible left out to you.**

Your Responsibilities

Please show your current insurance card at every visit. This is to protect you from receiving a bill because we did not have the correct insurance information. Failed efforts to acquire this information will result in the bill becoming patient responsibility.

Please pay your copayment at the time of the visit. Our contracts with insurance companies require us to collect your copay at the time of service. Failure on our part to collect copays and deductibles from patients can be considered fraud. Please help us uphold the law by paying your copay at each visit. We accept cash, credit cards (Visa, MasterCard, American Express and Discover,) money orders, and checks as forms of payment. In the event a personal check is returned as insufficient funds, an additional \$35 fee will be assessed on the account. Your account may be put on a "cash only basis" for one year.

Please know your insurance benefits. Your insurance policy is a contract between you and your insurance company, even if your employer provides it. There are many subtle differences in insurance policies and employers frequently change coverage and copayments. You are responsible for knowing what services are covered (and how often, in the case of well visits) and how much cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover, or for which you have a deductible that has not been met yet. You should also be aware of where your insurance wants you to go for any lab or radiology procedures, so that in an urgent situation, you are seen at the appropriate facility and will not receive a bill.

If your insurance plan requires you to choose a primary care provider, you must contact your carrier and select our office as your medical records are transferred. In accordance with carrier guidelines, we cannot schedule any appointments or write any referrals until we receive notice that you have been added to our roster.

If you have a newborn or newly adopted child, congratulations! You should contact your carrier as soon as possible to obtain insurance coverage for your new child. Typically, your insurance requires you to add your child within the first 30 days.

If your child is covered by more than one insurance policy, be sure you know which is considered primary (billed first). We must submit claims to the appropriate carrier in a timely fashion. Some insurance companies only allow 90 days to submit your child's claim.

Carefully read all Explanation of Benefits (EOB) statements you receive from your insurance carrier as "patient responsibility" will be billed to you directly from our office.

Our Collection Procedures

If your account is self-paid, all services are expected to be paid for at time of your visit. This may include situations where we cannot validate active coverage with your insurance carrier. In such cases, we will collect payment at the time of service and refund any amount subsequently collected from your carrier.

If you have valid coverage with a participating insurance carrier, we will file an insurance claim within two business days of your date of services. We will expect full payment from you, and you hereby agree to make such full payment, within 30 days of receipt of your statement from our office.

PLEASE TURN OVER

All statements are due within 30 days of receipt. If charges remain unpaid after 30 days, a second statement will be sent with a notice requesting immediate payment. If charges remain unpaid, a final statement will be rendered. You may receive a letter informing you that our relationship is subject to cancellation after 30 days of urgent and emergency care. You will then be expected to find a new physician for your child's medical care.

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in management of your account and possible payment options.

In the event of divorced or separated parents, the party responsible for the account is the parent authorizing treatment of the child. If the divorced decree requires the other parent to pay all or part of treatment costs, it is the authorizing parent's responsibility to collect payment from the other parent.

You may need to request medical records at some point. A release of information must be signed by the requesting parent. According to KY State Law, you are entitled to one free copy. A fee of \$1.00 per page will be charged for each additional copy.

We reserve the right to place your account with our collection agency after all internal efforts to obtain payment have been exhausted. You are then responsible for any collection costs in addition to your outstanding bill. If you are presently in collection, the practice will use discretion as to providing you with further treatment or asking you to find another physician.

Please list all children that are patients in our office:

Name _____	Name _____	Name _____
Date of Birth _____	Date of Birth _____	Date of Birth _____
Name _____	Name _____	Name _____
Date of Birth _____	Date of Birth _____	Date of Birth _____

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING.

By signing below, I acknowledge that I have read and understand this policy.

Parent's Name (Print)

Signature & Relationship to Patient

Date