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Journey-Pediatrics.com

FINANCIAL POLICY

Thank you for choosing Journey Pediatrics for your child's medical care. We are providing you with the following information to help you understand our insurance and billing policies.

YOUR RESPONSIBILITIES

- You must **show your current insurance card at every visit**. This is to protect you from receiving a bill because we did not have correct insurance information. We will attempt to validate your insurance benefits at the time of service and alert you to any problems. If we cannot validate your coverage, we may assign your account to self-paid status and request full payment at the end of your visit. We offer a 20% discount for our self-paid patients.
- You must **pay your co-payment, deductibles and/or co-insurance at the time of the office visit**. Our contracts with insurance carriers require that we collect your co-pay, deductible and/or co-insurance at the time of service. We accept cash, credit card, and check as forms of payment. In the event a personal **check is returned unpaid** from your bank, your account will be charged with a returned check fee of \$20 and your account may be placed on a "cash only" basis for one year. **Late payments** are subject to an additional \$20 service fee.
- We understand that you may not always be able to keep your appointments. We ask that you **cancel any appointment for a well visit/check-up** at least **24 hours** prior to your scheduled time. And that you **cancel any "sick" appointment** at least **two hours** prior to your scheduled start time. For habitual late cancelations or missed appointments you may be dismissed from the practice.
- **Know your insurance benefits**. Your insurance policy is a contract between you and your insurance carrier, even if your employer provides it. You are responsible for knowing what services are covered (and how often, in the case of well visits), and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance doesn't cover, or for which you have a deductible that has not yet been met. Sometimes there are **additional services** provided or addressed during the visit (e.g. fever, chronic conditions, recurrent wheezing, wart destruction, iScreen, other screenings and/or tests completed in the office) that may require us to bill for additional time and requires an additional office visit or procedure code to be reported to your insurance. These services may be subject to cost sharing (co-pays, deductibles and/or co-insurance) as determined by your insurance plan. You should also be aware of facilities approved by your insurance for any lab or radiology procedures so that, in an urgent situation, you are seen at the appropriate facility and are less likely to receive a bill. If you have questions about your insurance, we are happy to help. However, specific coverage issues should be directed to your insurance carrier's member services department. The telephone number is usually located on your insurance card.
- If your insurance plan requires you to **choose a primary care provider**, you must contact your carrier and select our office as soon 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 feasible to add the new child to your policy. **You must have your child added to your policy by the two month well-visit** and should have an insurance card to present at that visit. If you have not received an insurance card, contact your insurance carrier prior to the visit to verify coverage and get an active insurance ID number. If you do not have active coverage your visit may be rescheduled/delayed or you may be personally responsible for the bill. We do offer a 20% discount for our self-paid patients.
- If your child is covered by more than one insurance policy, be sure you know which is considered primary. We must submit claims to the appropriate carrier(s) in the right order. Frequently insurance carriers will mail questionnaires inquiring about additional insurance coverage. These questionnaires should be completed and mailed back to your insurance carrier right away so as to not delay processing of your medical claims. **Your insurance carrier will refer to this as coordination of benefits (COB).** It is also important that you notify all carriers if there is a change in your policy or dropped coverage.
- **Carefully read all Explanation of Benefits (EOB) statements** you receive from your insurance carrier. We receive the same statements and any charges which your insurance carrier designated as “patient responsibility” will be billed to you directly from our office. Balances less than \$20 may be added to your account, in which case payment will be expected at the time of your next service.
- In cases of divorce and/or separation, the legal guardian and/or the person bringing the child in for services will be held responsible for paying any balance originating from that visit (co-pays, deductibles and/or co-insurance) and written consent must be provided by the legal guardian if another person (e.g. relative, friend) is bringing the child in for an appointment. If you provide legal documentation that someone other than the legal guardian is financially responsible and you provide billing information for that responsible party, we will attempt to bill that party. However, if the balance is unpaid by that person, you will be held responsible for the balance on your child’s account.

OUR COLLECTION PROCEDURES

- If your account is **self-paid**, all services must be paid for at the 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 amounts subsequently collected from your carrier. We offer a 20% discount for our self-paid patients.
- If you have valid coverage with a **participating insurance carrier**, we will file an insurance claim within five business days of your date of service. If there are any problems with this submission, we will notify you immediately and request your prompt assistance with any conditions under your control that are causing a delay in processing. If your insurance carrier does not respond within 30 days, we will submit a second claim. If your insurance carrier does not respond to our second submission within 60 days from the original date of service, we will send a statement to you and payment will become your responsibility. You will need to contact your insurance carrier if you think it is responsible for payment. We will expect payment from you or them within 30 days of receipt of your statement.
- If you are insured by a **non-participating insurance carrier**, we will expect payment from you at the time of service, and it will be your responsibility to submit any claims to your insurance carrier for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process.
- **All statements are due upon receipt.** If charges remain unpaid after 30 days, a second statement will be rendered. If charges still remain unpaid after 60 days a \$20 late fee will be assessed and a final statement will be rendered with a letter informing you of the unpaid balance and that you may be dismissed from the practice.