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Proyouth Pediatric Health & Wellness
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FINANCIAL POLICY

1. **WHO BRINGS PAYMENT:** Payment is due regardless of who brings the child in for the service. Grandparents, babysitter, aunts, etc., will be expected to bring in payment for your copay, co-insurance or deductible. If you are reachable by phone, we can take your credit card information over the phone and send the receipt home with your child's caregiver. For separated or divorced parents, financial responsibility still belongs to the parent bringing that child in for treatment. **We will not bill another parent;** it is your responsibility to bring what you will owe when you arrive. **YOUR APPOINTMENT WILL BE RESCHEDULED IF YOU DO NOT PAY YOUR CO-PAY.**
2. **FINANCIAL RESPONSIBILITY:** Payment is determined from benefits we receive from your insurance company. You are ultimately responsible for any deductibles, co-insurances, or copays that are not paid by your insurance company. This includes services they do not think are medically necessary, or do not cover, but that our providers deem necessary, appropriate and/or a standard of care for pediatrics.
➤ **Responsible Party Initials** _____ **Date** _____
3. **INSURANCE CARD:** Our billing system requires that an insurance card be scanned in to each record. We ask that you bring your insurance card with you to EVERY office visit. If you are unable to present an insurance card at the time of service, we require that you pay for the service or reschedule your appointment.
4. For **newborns**, most commercial insurance companies allow only 30 days to add your newborn to your plan. Please do so as soon as possible. All newborn bills will be billed to the parents until it can be verified that the newborn has coverage. By 2 months of age, all babies without proof of insurance will be expected to pay in full for their 2 month well visit and all visits since birth.
5. **WELL VISITS:** Your insurance company may cover well visits differently, and it is very important that you familiarize yourself with the details of your insurance coverage. No one likes being surprised with a bill! While some insurance companies may pay for well visits 100% (where there is no cost to you), benefits may include a copay, co-insurance, and/or deductible. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for your concerns, you will be asked to reschedule the well visit. Not everything is covered by your insurance during the well visit. We do not charge a co-pay, however, **some preventive screenings, such as behavior screenings, urine samples, hemoglobin, hearing, and vision tests may not be covered, and you will be responsible for the remaining balance.**

INSURANCE

HOW DO YOU KNOW WHAT IS COVERED?

We have enrolled in numerous insurance programs in order to accommodate the needs and requests of our patients. While we are pleased to be able to provide this service to you, unfortunately we are unable to track all the individual benefits of the plans. Each one has different stipulations regarding how often services may be rendered and what they will cover. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated or which policy you have chosen to enroll in.

Please keep in mind, while we do have contracts with most of the major carriers; we are NOT providers for many of the Affordable Healthcare Act Policies they offer. The ultimate responsibility in finding out if we are an in-network provider rests with you. Plans change annually and so can their networks or our affiliation with certain networks.

As a courtesy, we verify eligibility; however the information we receive is very basic and only a quote of benefits. For detailed information regarding your insurance benefits, please contact your insurance company directly.

Secondary Insurance: Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. We do not bill secondary insurance.

INSURANCE TERMS THAT MEAN YOU HAVE FINANCIAL RESPONSIBILITIES

1. **CO-INSURANCE**- This is a fee you pay based on a percentage of the reimbursement the office will receive for providing your services. If for example, the insurance pays \$100, and you have a 30% co-insurance, you will be required to pay \$30 at the time of service.
2. **CO-PAY**- A flat fee that you have to pay at **every visit**. This is a fee that your insurance company requires you to pay. Contracts between insurance companies and medical offices often stipulate that a patient must pay their copay in order to be seen. This implies you can be turned away if you do not have the copay.
3. **DEDUCTIBLE**- The amount you have to pay **before** the insurance will pay for anything. A deductible can be \$500 or \$5000. It is very important to know how much your deductible is and if it has been met. The insurance company allows a certain charge for each service we provide. That charge is called the allowable. You will be required to pay the allowable amount for the services you receive at the time of your visit. We will still send a claim to your insurance company so that they know to apply your charges towards your deductible.
4. **MAXIMUM BENEFIT**- This is a dollar limit on how much your insurance company will pay for a particular type of service. They may only pay, for example, a maximum of \$500 for a well visit and immunizations. After this \$500 has been reached, you would be paying for the service in full, as if you had no insurance. Some insurance companies limit the number of visits, instead of putting a dollar limit on a service.

BALANCES

While no one likes to discuss paying bills, it's a necessary evil we must all face. In order to improve our office efficiency, reduce our overhead expenses, and ensure that we can financially sustain ourselves in order to continue providing our patients the services they are accustomed to, the following are our policies regarding outstanding balances. **All outstanding balances not paid within 90 days may be turned over to a collection agency, and a discharge notice terminating patient care will be sent to you.** All costs incurred in collecting a delinquent account will also be added to your charges. During this 30 day period, discharged patients will need to transfer medical care to another physician's office; however, we will continue to provide emergency medical care to you during this time period. If the balance is not paid within that 30 days, patient care will be officially terminated. Depending on the amount of the balance, payment plans for no more than a 3 to 6 month time frame may be granted on an individual basis. Any payment plan obligations not met, will be immediately turned over to collections and patient care terminated as described above.

TRANSFER OF RECORDS AND OTHER FEES

Records when a paper copy is requested	\$15.00
Forms for school, child care, etc.	\$5.00
Complex forms	\$25.00
Returned checks and denied credit cards	\$45.00
Missed appointment charge	\$25.00

Please sign below that you understand our policies.

Responsible Party Signature _____ **Relationship to Patient** _____

Date _____ **Patient Name** _____