



INSURANCE AND FINANCIAL POLICY

Patient Name: _____

Parent/Guardian Name: _____

Health Insurance Plans Policies

Even if you have a health insurance plan, you understand that you are responsible for paying for the cost of care you or your child receives.

We verify eligibility of insurance at every visit and ask you to produce an insurance card at each visit. If your plan required a selected Primary Care Provider (PCP), you must select our practice before being seen.

While Frederick County Pediatrics accepts many insurance plans, the variety of plans and their features makes it impossible for us to know the details of your insurance plan. You are responsible for the details of your insurance plan, including any co-payments, co-insurances, deductible plans, and coverage details. You must notify us of any changes in your plan or your insurance carrier.

By signing this document, you are giving permission to Frederick County Pediatrics to obtain payment directly from your insurance company for the services you receive. You are giving permission to your insurance company to pay Frederick County Pediatrics directly. You are giving Frederick County Pediatrics the legal right to claim payments from insurance companies for the services you receive.

Because of changes in insurance regulations and insurance plans, it is no longer accurate to say “all preventative services are fully covered.” Please note your insurance may assess copays or coinsurance even during well visits for health screenings, for a child who is sick during a well visit, chronic care coordination, etc. Frederick County Pediatrics provides care and screening based on the medical judgment of the medical providers, as well as the recommendations of the American Academy of Pediatrics (“AAP”). Frederick County Pediatrics also follows the billing code best practices of the AAP. While we understand that some patients may be paying more out of pocket for certain kinds of preventative care, Frederick County Pediatrics will continue to follow AAP guidance for insurance billing.

I certify that I have read and understood the Health Insurance Plans Policy.

Initials: _____

Financial Policy

By signing this agreement, you understand that you are responsible for paying for the cost of services at the time of your visit.

You must pay your copayment and account/family balance at the time of your visit. If you are unable to pay your account balance at the time of a preventative visit, we may reschedule you until you are able to make the copayment or account balance payment. We will not reschedule sick visits, but you are still responsible for paying for services. Please note the **parent/guardian who attends the visit is required to pay the copayment and/or balance at the time of service** or arrange pre-payment to be made by the responsible party before the visit.

If you have deductible and/or coinsurance associated with your insurance plan, then you must place a payment card on file with us. The card can be a credit/debit card, a Health Savings Account (“HSA”) card, or a Flexible Spending Account (“FSA”) card. Once we have made the claim to your insurance company and the extent of your benefit is determined, we will charge your card on file for the difference.

At this time Frederick County Pediatrics accepts payment in the form of cash, debit/credit cards (include HAS or FSA) and personal checks. Any check returned unpaid will be assessed a \$35 fee, and we may refuse to accept checks as payment after a returned check.

We understand that sometimes finances are difficult for families. ***If you are unable to pay your full balance, then Frederick County Pediatrics will assist you to structure a payment plan. Payment plans will spread your balance owed over the course of up to three months.*** If you need more time in your payment plan, then you must contact the Practice Administrator with a proposal. Frederick County Pediatrics has no obligation to agree to any payment plan.

If you do not have a payment plan and you have not paid your balance due for more than 90 days, Frederick County Pediatrics will place you into “collection status.” Accounts that are in collection status may be referred to a collections agency to collect on the balance owed. If a family is in collection status, then Frederick County Pediatrics may choose not to see your child(ren) until the balance is paid in full. Frederick County Pediatrics may dismiss you from the practice if you are in collection status.

I certify that I have read and understood the Financial Policy.

Initials: _____

Cancellation & Late Policy

We understand that things happen in life and you may not be able to make a scheduled appointment.

We ask that you give us **at least three (3+) hours’ notice for cancellation.** This notice allows us to schedule other patients for sick visits so we can care for other patients.

If you do not provide three (3) hours' notice, Frederick County Pediatrics will assess a **missed appointment fee of \$45**. Multiple missed appointments or appointments cancelled without 3 or more hours' notice may result in dismissal from the practice.

We are pleased to offer a new digital pre-check-in process via Chadis. You will be able to complete all health assessments and screening questionnaires right from your smart phone or other device. You will receive an email with an invitation to Chadis. Please arrive 10 minutes early to any scheduled appointment if you are not able to pre-check-in via Chadis. Patients arriving more than 15 minutes late may be required to reschedule their appointment to the next available opening consistent with the type of appointment requested (which may not be the same day). Only acutely ill children will be offered to be worked into the providers' schedule later the same day.

I certify that I have read and understood the Cancellation & Late Policy.

Initials: _____

Form Fees

There is a \$10 fee associated with forms per child, including school, sport, daycare, camp, college and medication forms. We require 7 to 10 business days to complete the forms. **We cannot accept any form that does not have the parent section filled out and included.**

In the event your circumstances require completion of forms in less than 7 days we can offer an **expedited service**. The cost for the expedited service is \$25 payable at the time the forms are presented, and you will receive your forms within 48 hrs. In addition, we will **waive the fee if forms are presented during that child's well visit or sports physical**. This does not apply to sick visits.

Frederick County Pediatrics does not retain copies of completed forms once the forms are picked up.

I certify that I have read and understand this consent. Initials: _____

This document must be signed by a parent or legal guardian if the patient is legally a minor under the age of 18 or mentally unable to understand and sign this document.

Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____

To be signed by parent or legal guardian if patient is a minor under the age of 18 or considered mentally unable.