

## NORTH WILLOW GROVE PEDIATRICS, P.C.

Willow Grove Office (215) 672-6622    Montgomeryville Office (215) 853-3434

### FINANCIAL POLICY

North Willow Grove Pediatrics is pleased you have chosen us to care for your child's medical needs. Please read the following financial policy carefully. Feel free to contact our office with any questions you may have.

#### **Initial Visit to our Office**

Upon your initial visit to our office, we will collect several important pieces of information during your registration process. These include name, address, billing information, social security number, birth date, etc. It is extremely important that this information is always kept up to date. Our staff will verify the information at each subsequent visit. Please inform us immediately if any of the information would change so we may update our records accordingly.

#### **Insurance Information**

If you are using a health insurance plan to cover your visit, we ask that you present your current insurance card to the receptionist at each visit. Your health insurance is a contract between you, the employer, and the insurance company. We are not a party of the contract. Please remember that not all services are covered in all insurance contracts. We have agreements with several insurance companies which require us to bill them for services we provide to you and accept, as payment, the amount specified in the agreement. At times, you may be responsible for services that are denied, applied to your deductible or considered "non-covered". Also, **copayments are expected to be paid at the time of your visit.** We accept cash, check or credit card (Visa & MC).

We will file an initial claim based upon the information that you have provided to us. Under state law, your insurance company has 30 days in which to process and pay the claim, request more information, or deny the claim and notify us of the decision.

#### **Self-Pay Patients**

If you are self-pay, you will be expected to pay the day's charges on the day services are rendered. We offer a 30% discount for making payment at the time of service.

#### **Auto Insurance**

If your child is seeing a physician as a result of an auto-accident, you must provide us your auto claim information at the time of visit. This includes your auto carrier claim number, address and phone number.

#### **Forms/Immunization Cards**

The following fees apply to completion of forms:

Simple forms that only require signature	\$ 3.00
Moderate forms (daycare, school sports, etc)	\$ 5.00
Complex forms (college forms, etc)	\$10.00
Immunizations Cards	\$ 5.00

### **Medical Records**

For a copy of medical records, the following fees apply:

\$1.00 per page (up to 20 pages)
.50 per page (21-60 pages)
.25 per page (for each subsequent page)

\*\*\*Please allow at least two weeks for completion of medical records.

### **Past Due Accounts**

Should your balance extend beyond thirty days of your initial statement date, you may receive a courtesy collection call from our accounts receivable staff to resolve the amount. Should your balance extend sixty days or more past your initial statement date, collection procedures will commence. Past due accounts cost both time and money; therefore, patients with delinquent accounts will be required to make payment at the time of service. Seriously past due accounts, or failure to make payments with agreed upon payment terms, may be sent to a collection agency.

### **Billing Questions**

Questions or concerns regarding your account or insurance claim should be directed to our billing department at (215) 672-6622 option 4. Our billing staff will be more than happy to assist you with any questions regarding your account. Please notify us immediately if you feel there is an error on your billing statement.

### **Missed Appointments**

We require 24 hours notice if you are unable to keep a scheduled appointment. A \$20.00 surcharge may be applied to missed appointments if sufficient notice is not given.