



Framingham Pediatrics
Boston Children's
Primary Care Alliance

FINANCIAL POLICY

Our responsibility:

It is our responsibility to accurately code your claims and submit them to your insurance company in a timely manner.

Your Responsibilities:

We accept most insurance plans. However, please understand that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please contact your insurance company to verify we are listed as a contracted provider before scheduling an appointment. It is your responsibility to understand and comply with the terms of your insurance coverage and determine your level of benefit coverage. Regardless of the type of insurance coverage you have, payment for services we render is ultimately your responsibility.

Make sure we always have your current email, mailing address and phone numbers. Statements are sent monthly, and all balances are due within 30 days of receipt. Notify your insurance company of the PCP, (Primary Care Physician) and of any changes to the PCP as soon as possible. Many plans will not pay your claim if the PCP is not correct. Be aware of your plan's deductible and coinsurance policies. We encourage payments through MyChart but also accept cash, personal check, and most major credit cards.

Prepare to show your insurance card(s) at each visit. Insurance plans limit the amount of time we have to submit your claim. If you fail to provide the correct insurance within this limited time frame you will then be responsible for the bill. Also, if there is secondary insurance, please provide that information as well so we can coordinate benefits. Without proof of health insurance on the day of service you will be required to pay in full at the time of service. We will promptly reimburse you if your insurer should subsequently pay your claim.

Co-pays, as well as any outstanding deductible or coinsurance balances are due at the time of service. We require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file. We utilize tokenization for storing credit card information. This ensures your full account data is not stored locally and therefore allows us to adhere to stringent data security requirements. If you are unable to pay your balance in full, please contact our billing department to inquire about our payment options to avoid a delinquent account. Any balance over 90 days will be sent to our collection agency and may result in dismissal from the practice.

You are responsible for non-covered fees such as certain non routine vaccines, non routine lab work, and returned check fees.

Well Exams: Although most insurances do not require a co-payment for a well child visit, we are required by insurance companies to bill additional codes for any acute illness, new concern, or management of a chronic diagnosis (for example ADHD, chronic abdominal pain, asthma) that is addressed at the time of the well visit. This may result in a copay and/or deductible being applied. In addition, our doctors perform screenings recommended by the American Academy of Pediatrics including vision, hearing, and developmental screening. We reserve the right to balance bill for screenings your insurance does not cover.

Newborns: We will allow one month from the date of birth to have your baby enrolled in a health plan. If there is no proof of insurance after one month, you will be financially responsible. **Please take note of this requirement, as these charges can become very significant very quickly.**

Patients of Divorced Parents: The adult who brings a minor child into our office accepts responsibility for payment regardless of divorce settlement payment agreements. We will communicate about treatment and payment with the parent present that day. Parents are responsible to communicate with each other about the treatment and payment. If a parent is legally denied access to their child's medical information, please provide a copy of the legal document stating so. Our role is limited to providing treatment for your child and we will not be involved in legal disputes, especially those concerning custody arrangements.

Referrals: Inform our office 3-5 days prior to needing a referral to a specialist or your visit may not be authorized.

Missed Appointments: Missed appointments represent a cost to our office and prevent other patients from being seen at that time. Failing to provide at least 24-hour notice may result in a "no-show" fee of \$50. Excessive no-shows or late-cancelled appointments may result in discharge from our practice. Two no-shows/late cancellations for our Nutritionist or Social Worker will prohibit your child from making these appointments in the future.

I understand and agree to the responsibilities listed in this policy. I understand and agree that regardless of my insurance status I am ultimately responsible for the balance on my account for any professional services rendered.

This agreement will remain in effect until the patient leaves the practice or a new policy is signed.

You will be asked for your signature of acknowledgement at the front desk.