WORKERS COMPENSTAION

We DO NOT participate in Worker's Compensation. If you get injured at work, we will refer you to a worker's comp provider.

RETURNED CHECKS

Should you make a payment by check and it is returned, a fee of $15 will be charged to your account, or whatever we are charged by the financial institution.

REFERRALS

If your benefits require referrals, it is your responsibility to make the office aware of this and verify that the referral is in place prior to the visit or you will be responsible for the visit.

COLLECTION PROCESS

All past due accounts of 5 months or more, will be turned over to a collection agency, including address and phone numbers listed. The additional fees associated with the collection agency will be the responsibility of the patient.

QUESTIONS

Change of insurance; notify the Business Office:
(585) 247-5400 ext 228.
Other questions, notify the Office Manager:
(585) 247-5400 ext 231.

HOW WE WILL CONTACT YOU ABOUT OUTSTANDING BALANCE OR INSURANCE INFORMATION

Westside Pediatric Group will use any available phone numbers, including cell phone numbers that you provide, to contact you regarding insurance matters and account balances. These numbers will be forwarded to our collection agency should your account not be paid. We will send statements and letters via United States mail. Your electronic signature indicates your agreement with our policy.

FINANCIAL POLICY AGREEMENT SIGNATURES: Are captured electronically upon arrival to the office

Created 4/15/13
Updated 8/16/18

FINANCIAL POLICY

WESTSIDE PEDIATRIC GROUP, LLP

Thank you for choosing Westside Pediatric Group as your child health care provider. The following is a statement of our Financial Policy which we ask you to read carefully prior to treatment.

The physicians at Westside Pediatrics dedicate the best quality medical care possible at a reasonable cost. We strive to concentrate on serving our patients and to spend as little time as possible on administrative duties. To achieve this goal we need your cooperation.

Full payment for all services not covered by your insurance, all deductibles, coinsurance and co-payments are expected at the time of your appointment unless other arrangements are made. **NOTE:** Payments not made on the date of service will incur a $10 service charge. You will also be responsible for any payment for any services requested and/or approved by you, but not covered by your insurance carrier. (It is the responsibility of the patient's parents and/or guardian to know what is covered and not covered by their insurance carrier.)

It is your responsibility to provide correct insurance information and to be sure that the

correct Primary Care Provider (PCP) is listed with your insurance company. It is your responsibility to understand your coverage and the guidelines and limitations set forth by your insurance company (including the coverage for Physical Examinations (most insurers allow ONLY ONE physical per 12 months). If your insurance changes, you need to notify us immediately.

Be prompt for all appointments. Missed or cancelled appointments with less than 24 hour notice will result in a fee: $25 for routine office visits and $50 for well child visits and consults. After 3 missed appointments, your physician will decide whether care can be continued at this practice.

INSURANCE PARTICIPATION

Insurance is intended to cover some, but not all of the cost of your care. Most plans require co-payments, deductible and other expenses, which must be paid by the person accompanying the child to the appointment. It is important for you to become familiar with your insurance policy and to bring your insurance card with you to each visit. This will allow you to receive the maximum benefits of your specific insurance plan. Our office participates with most local and some national carriers; however there are instances when we are not contracted with your carrier. In these cases, 100% of our fees are required to be paid at the time of service.

Due to the terms of our insurance contracts, we are unable to extend professional courtesy for any office visits.

NON-PARTICIPATING CARRIERS

You are responsible for full payment at the time of service. We will provide you with proper documentation for you to submit to your insurance carrier for reimbursement.

CO-PAYMENTS

Co-payments are due at the time of service. We accept cash, check, MasterCard and Visa. There will be a $10 service fee applied to all co-pays not made at time of service.

DEDUCTIBLE

Many insurance companies have implemented deductible policies. We will be collecting **$85.13** at each visit ***toward*** your deductible, until your deductible has been met. You will be billed the balance once we have received an explanation of benefits from your insurance company.

SELF PAY ACCOUNTS/UN-INSURED

You are responsible for full payment at the time of service.

FINANCIAL HARDSHIP

Financial hardship should never stand in the way of medical care. Since open communication can benefit both parties, any financial hardship should be discussed with the Business Office (585) 247-0040 so that payment arrangements can be made as early as possible.

FAILURE TO KEEP APPOINTMENT

Should you not give adequate notice to the office for appointment cancellation (we require 24 hour notice), you may be billed a failure to keep appointment fee between $25 and $50, which is not covered by insurance.

DIVORCED PARENTS

Regardless of legal arrangements regarding divorce situations, it is the policy of Westside Pediatric Group that the parent who accompanies the child to the appointment is the responsible party for the days co-pay in full. It is up to the parents to deal with their legal obligations amongst themselves.