

WESTSIDE PEDIATRIC GROUP, LLP

497 Beahan Road
Rochester, NY 14624
(585) 247-5400
www.westside-pediatrics.com

FINANCIAL POLICY

Thank you for choosing Westside Pediatric Group as your child's 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, co-insurance and co-payments are expected at the time of your appointment unless other arrangements are made.

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.

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/DEDUCTIBLE

Co-payments are due at the time of service. We accept cash, check or credit card. There will be a \$15 service fee applied to all co-pays not made at time of service, payments can now be made through our website: www.westside-pediatrics.com. Many insurance companies have implemented deductible policies. We will be collecting a certain amount toward your deductible at your visit, until your deductible has been met. You will be billed the balance once we have received an explanation of benefits from your insurance company.

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) 247-5400 ext. 228 or option #4 so that payment arrangements can be made as early as possible.

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SELF PAY ACCOUNTS/UN-INSURED

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

FAILURE TO KEEP APPOINTMENT/NO SHOW

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. After 3 missed appointments, your physician will decide whether care can be continued at this practice.

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.

WORKERS COMPENSTAION - WE DO NOT PARTICIPATE

If you get injured at work you will need to go to an urgent care or the emergency department for treatment.

RETURNED CHECKS

Should you make a payment by check and it is returned, a fee of \$25 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

Billing statements are sent bi-monthly. Following statements being sent, the billing office will make a reminder call to you that there is a balance due. If we have not been successful in collecting your account balance after 3 attempts (either 1 or 2 statements and/or 1 or 2 phone calls), your account information will be given to the doctor and they will determine if account will be referred to collection and decide if discharge from practice is appropriate.

PAYMENT OPTIONS

You may pay with credit card either by phone or at our website: www.westside-pediatrics.com or mail a check to: Westside Pediatrics, LLP, Attention: Billing Office, 497 Beahan Road, Rochester, NY 14624.

QUESTIONS

All questions, please call (585) 247-5400 ext, 228 or option #4.

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 or during your pre-check in process.