



FINANCIAL POLICIES

We are pleased that you have chosen Walden Pond Pediatrics to manage our child's health care needs. Compassionate, family-centered care is our number one priority. There are many details involved in the process of payment for the services that you receive. In order for this process to flow smoothly and to minimize the cost of your healthcare, we request that you please review the guidelines below.

Insurance

We accept most insurance plans including:

Aetna	Harvard Pilgrim Health Care	Tufts
Blue Cross Blue Shield of MA	Network Health	Unicare
Cigna	Tricare North Region	United Healthcare
Fallon Community Health Plan		

- ◆ Please be sure to bring your child's insurance card with you each time you visit the office. We want to ensure that our information and that of our billing service is as up to date as possible.
- ◆ Due to filing limitations with many insurance carriers, it is the parent/guardian's responsibility to inform our staff of their child's health insurance coverage at the time of each visit. Parents/Guardians who do not present their child's insurance card at the time of the visit may be required to pay for the service.

Self-Pay Patients

If you do not have health insurance, have coverage through a carrier with which we do not participate, or are receiving a known non-covered service, please be prepared to make payment in full at the time of service. For your convenience, we accept cash, check, and most credit or debit cards.

Patients with Health Insurance

Health insurance is an agreement between yourself and your insurance company to help pay the cost of medical/dental care. Each plan has its own limitations. Due to the differences in deductible and copayment requirements, insurance rarely covers the entire bill. As helpful as we pride ourselves on being, our team cannot be expected to know the details of your particular plan, as there is a variety of insurance plans, each with a multitude of coverage plans available. We recommend contacting your carrier prior to receiving services in order to verify your coverage levels and responsibilities. This would include the annual physical exam, as some insurance companies may not cover a physical exam if it has been less than one year since the last exam. We will present a bill for services rendered to your child's health insurance carrier, but it is ultimately the parent/guardian's responsibility to ensure all services are paid in full.

- ◆ Your co-payment is a contractual agreement between yourself and your insurance company. Your insurance company expects that you will pay your co-payment at the time services are rendered. It is our responsibility, as detailed by the terms of our contracts with health insurance companies, to collect any co-payment amounts at the time of your appointment. Please have your copayment ready upon check-in.
- ◆ Your insurance plan may require your notification of the Primary Care Physician (PCP) you have selected to manage your child's healthcare. If this notification is not on file with your insurance plan, services may be denied – leaving the entire balance your

responsibility. Please notify your insurance carrier promptly of the PCP you have selected for your child.

- ◆ **Services Requiring Referral/Pre-Certification or Authorization.** Your insurance may not pay for certain visits or services which have not been referred by your PCP. Therefore, you are responsible to confirm that our Office Manager receives the appropriate referral, pre-certification, or authorization details to initiate a valid referral. Please confirm with our staff that your referral has been processed prior to receiving services by a specialist. Referrals requested 24 hours or less before a specialty appointment will not be approved by your insurance company in time for your specialist appointment. Your specialist's office may require you to sign a waiver and/or make a deposit prior to your appointment.

Services Rendered

Although your child may be scheduled for a particular type of visit, the physician may deem it in the best interest of your child to address other matters of concern that were not originally planned at the time the appointment was scheduled. This may result in another charge billed to your insurance carrier and possibly an insurance/patient cost sharing (deductibles, co-payments, and/or co-insurance). This is a widely acceptable industry standard of care. If you have any questions regarding services rendered, please feel free to contact our office.

Previous balances and/or deductibles: It is our responsibility, as detailed by the terms of our contracts with health insurance companies we participate with, to bill you for any portion of your treatment that your health insurance carrier assigns to your responsibility. It is your responsibility, as detailed by the terms of your health insurance coverage, to pay any such portion.

- ◆ All patient balances must be paid in full within 30 days of receiving a bill from Walden Pond Pediatrics or our billing company.
- ◆ If you have not paid your balance in full within 90 days after the date of the original visit, your account may be reviewed for collection agency placement.
- ◆ After a reasonable amount of time, patients with unpaid balances will be discharged from the practice.

Bounced Checks

There will be a \$30 fee for bounced checks.

Health insurance non-payment: Services that have not been paid by your health insurance carrier within 60 days of claim submission will become your responsibility to pay in full. Should your health insurance carrier later pay us for those services you paid for, you will be reimbursed within 30 days.