

Financial Policies and Acknowledgement



Walden Pond Pediatrics
Boston Children's
Primary Care Alliance

waldenpondpediatrics.com
978-369-9401 | fax 978-371-8810

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, Blue Cross Blue Shield of MA, Cigna, Harvard Pilgrim Health Care, Tricare, Federal Plans, Tufts Health Plan, Unicare, and United Healthcare. Please contact our office with any questions regarding insurance, as well as assistance for uninsured patients.

Please be sure to bring your child's insurance card with you if your health insurance has changed since your last visit.

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.

Acknowledgement

By my signature below, I hereby acknowledge that I have received a copy of Walden Pond Pediatrics, PC's Financial Policies and/or I have been provided an opportunity to review it.

Patient name: _____

Signature: _____

Date: _____

If the patient is a minor (under 18 years of age), the responsible parent or guardian must sign above, and fill in the information below.

Parent/Guardian name: _____

Relationship to patient: _____