

Olney Pediatrics Financial Policy

Co-Payments are due at the time of service. Full co-payment is expected at the time services are rendered and for all past due balances unless prior financial arrangements have been made with our billing staff. Co-Payments are due regardless of who brings the child in for the service; grandparents, caregivers, aunts, etc.

It is the parent's/guardian's responsibility to notify the office of any address, phone, or insurance changes. The parent/guardian will be responsible for any service rendered where they have failed to provide current or correct insurance information prior to being seen. Please have your insurance card with you at every visit.

For families in which parents are separated and/or divorced, the parent bringing in the child to the office is authorizing treatment and is, therefore, the parent responsible for payment on the date of service. If there is a divorce decree requiring the other parent to pay a portion or all of the treatment costs incurred, it is the responsibility of the authorizing parent to collect from the other parent. We can provide a copy of the claim or receipt to charges to the authorizing parent at each visit upon request to assist in the collection of fees from the other parent.

Insurance must be provided and active in order to utilize your benefits. If insurance cannot be determined as active, the patient will be considered **Self Pay** for that visit. Self Pay patients with no insurance are provided a discounted rate if payment is received, in full, at the time of service.

Financial responsibility is determined from the benefits we receive from your insurance company. Your insurance determines if you have a copay, deductible and/or coinsurance.

Insurance co-payments are due at each and every visit, as determined by your benefits. Please note that we are required by the insurance company to collect them. If your insurance does not pay for services provided, then the parent/guardian is responsible for those charges. Verification of insurance is not a guarantee of payment; you are still responsible for all services provided to your child.

We are a Credit Card on File office. Copays will be charged immediately and balances of \$80 or less will be charged after 30 days. Budget Plans will also be charged automatically per the agreed upon plan.

Acceptable forms of payment include cash, check, Visa, MasterCard, Discover and Amex. A fee of \$35.00 will be assessed to all returned payments.

Telemedicine Visits

Telemedicine visits are treated the same as an in-office visit. Copays and deductibles may apply.

Telephone and Portal Evaluations

Due to COVID-19 and our society's increased reliance on technology, we occasionally evaluate and manage patients by telephone and portal. When this exchange takes the place of an office visit, charges for these services will be submitted to your insurance company. Your insurance company will determine whether you are responsible for charges. You will be informed up front when charges may apply to you.

No Show or Cancellation Fees*

\$50.00 fee applies to all Well Child Visits and ADD/ADHD/Behavioral visits, canceled less than 24 hours prior to appointment time and No Shows to appointments.

\$25.00 fee applies to all other No Show appointment types; sick visits, rechecks, nurse visits, etc.

***NOTE:** Most of these fees are waived by state law for children enrolled in the Maryland Children's Health Insurance Program.