

Olney Pediatrics Office Policy and Financial Agreement

We are committed to providing the best care possible. Understanding your financial responsibility is considered part of your medical management. Our financial/office policy is an agreement between the providers of the practice and the child's parent, guardian, or responsible party (18+ yrs old). Your understanding of this patient-provider agreement is important to our professional relationship.

Policies

Olney Pediatrics follows the American Academy of Pediatrics recommendations for the vaccination of children. The waiving of certain vaccines, unless medically necessary, is not acceptable for patients in this practice.

A parent/legal guardian **MUST** be present at all well child visits for patients under 18 years old.

If you arrive 15 or more minutes late to your appointment you may be asked to reschedule and the appointment will be considered missed.

Reminder calls are a courtesy and we do our best to make them 1-2 days prior to the appointment. Failure to receive one does not absolve you of your responsibility to keep your appointment.

Please expect 3 business days for all forms, referrals, and prescription refill requests. _____ Initial

Insurance

Insurance cards must be available at EVERY visit. Payment for services is due at the time services are rendered except as outlined below. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient/responsible adult to provide accurate and timely insurance information. Inaccurate or untimely information provided to the staff that results in denial or non coverage by your insurance company may result in the guarantor being responsible for payment.

_____ Initial

If we do not participate with your insurance company or you have no insurance

Payment for services is due at the time of service unless arrangements have been made in advance. We will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement. _____ Initial

Billing*

We accept cash, checks, MasterCard or Visa. Outstanding balances are due within 30 days, unless prior arrangements have been made. A \$10 billing fee will be charged if your co-payment is not paid at time of service. An additional \$10 billing fee will be added to balances more than 60 days past due. An additional \$10 billing fee will be added to balances that remain outstanding more than 90 days and a final request for payment letter will be issued. Balances not paid in full within 10 days of the date on the final request letter will be forwarded to a collection agency. If your account is forwarded to a collection agency, we will continue to see your child on an emergency basis only for 30 days, giving you time to find a new source of medical care.

_____ Initial

Returned Checks

There is a \$35 fee for any check returned to us from your banking institution and your account will be placed on a "cash/credit card only" basis until the balance is cleared. _____ Initial

Missed appointments/late (less than 24 hours) cancellations*

Missed/late cancellation appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you.

A \$20 charge, per child, for missed or late cancellations for appointments with a nurse.

A \$35 charge, per child, for missed or late cancellations for appointments with a doctor.

Your family could be subject to dismissal from the practice for a third or subsequent missed appointments.

_____ Initial

After Hours and Weekend/Holiday Appointments*

There may be an additional fee charged for visits occurring on weekends, holidays, before and after hours. We will bill this charge to the participating insurance plan. You may be responsible if your insurance carrier does not cover this charge.

Divorced/Separated Parents

If there is a custody dispute and a parent is not privileged to a patient's information, please provide us a copy of the legal document. The accompanying parent or adult is responsible for payment at the time of service. It is your responsibility to work out the payment of your child's medical care between the custodial and non custodial parent. _____ Initial

Newborn Enrollment

It is essential that you contact your insurance plan or the policy holder's HR department to enroll your newborn on your policy, within the first 30 days. We recommend doing this within the first few days of your baby being born as it often takes a few weeks for the baby to show up on the plan as a covered member.

Medical Records*

With the signed request from the patient (if ≥18yr), parent or legal guardian, we will provide you with a copy of your child's medical record. There is a charge of \$20 per child. Once the request and payment are received, please allow 2 weeks to complete. Immunization records will be provided at no charge.

Camp/School Forms*

There is a charge of \$15 (\$20 if faxed or emailed to us) per child for certain forms, each time the doctor has to fill them out. We suggest you keep copies of all forms as they may be good for up to one year of the date of the last physical exam.

Please list all of the minor children for whom this agreement applies:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Signature

Relationship

Date

Would you like a copy of this Agreement?

Please circle

YES

NO

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