

Tenafly Pediatrics

Financial/Insurance Eligibility/Lab Policy

Tenafly Pediatrics believes in healthy communication with our patients; therefore the following information is provided to avoid any misunderstanding or disagreement concerning financial responsibilities for professional services. For your convenience, Tenafly Pediatrics accepts cash, checks, Visa/MasterCard, American Express, Discover and online payment through our website.

1. If you have an insurance with which we participate, we will file the claim for you. It is your responsibility to:
 - a. Bring your insurance card at every visit
 - b. Pay your copayment at the time of service, which is your insurance's requirement. All copayments not paid at the time of service will be assessed a \$10 fee.
 - c. Pay in full for any medical care or services that may not be covered by your insurance plan. Depending on your plan, **this can include hearing and vision tests or in-office labs.**

- **Aetna, Amerihealth, some Horizon, Oxford, Qualcare and Unicare plans do not cover some or all in-house labs.**

Finger Stick \$5	CBC - \$25	Cholesterol \$15	Hgb \$10	Lead \$25
Mono \$25	Sed Rate \$25	Stool Exam \$15	Urinalysis \$10	Urine Culture \$20

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- Check one:** **I will personally pay for noncovered in-office labs and/or hearing/vision not to exceed range of \$25-\$70 per child per visit**
- I will take my child to an outside lab for all labwork** **Initials: _____**
- d. Complete an updated demographic and medical history form when requested.
 - e. Any balance from coinsurance, deductibles or non-covered services which are billed to you must be paid within 30 days of receiving the billing statement.

2. If an account needs to be turned over to a collection agency due to delinquency, the parent or guardian will be responsible for all collection fees (**33%**) in addition to the amount outstanding. In addition, if a check is returned for insufficient funds, a returned check fee of \$30 will be assessed.
3. If your insurance card has another Primary Care physician's name on it, it is unclear who the Primary Care physician is, or you are unable to present your card at the time of service, you agree to be held financially responsible if the claim is rejected for eligibility reasons.
4. The parent/guardian that presents their child for medical services is the financially responsible party. If there is a financial arrangement between individual parental parties, this arrangement is between the 2 parties and does not absolve the parent that brings the child for services from their financial obligation to our practice.
5. A valid government ID must be available and may be requested for review at the time of service.
6. Tenafly Pediatrics charges a fee for missed well-care appointments. If you do not cancel at least 24 hours prior to the appointment time we will charge a \$50 "no-show" fee. We will send a warning letter and waive the charge the first time this occurs for the family.
7. Sick visits after normal business hours (after 5pm on weekdays, all day on weekends, and holidays) will have an additional \$20 fee which is most often covered by insurance. Some plans and individual policies pass this cost to patient, which will be your responsibility.

I understand by signing I have read and agreed to the policy listed above.

Children's Names (list all) : _____

Parent/Guardian (Print) _____ Signature: _____ Date: _____