

AFTER HOURS TRIAGE TELEPHONE SERVICES

We reserve the right to charge a minimal fee for providing medical advice during non-business hours.

COLLECTIONS

Any past due balance not paid will be turned over to a collection agency after **90 days**.

Thank you for understanding our Financial Policy. Please let us know if you have any questions.

PEDIATRIC ASSOCIATES
OF WILLIAMSBURG

PATIENT FINANCIAL POLICY

Pediatric Associates of Williamsburg
230 Monticello Avenue
Williamsburg, VA 23185
Phone: 757-564-7337
Fax: 757-564-3205

Pediatric Associates of Williamsburg understands that the cost of healthcare is a key concern for our patients. Although patient care is our main priority, we hope that you assist us by understanding your responsibility as it relates to our Financial Policy. If you have questions regarding our policy, a representative of our staff will be glad to assist you.

PATIENT FINANCIAL POLICY

Thank you for choosing Pediatric Associates of Williamsburg as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy:

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT TIME OF SERVICE.

WE ACCEPT: Cash, Checks and Visa/MasterCard

REGARDING INSURANCE

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits please be aware that some, and perhaps all, of the services provided may be non-covered services under your plan and

you will be 100% responsible for these charges. It is your responsibility to:

- Ensure our providers actively participate with your insurance carrier.
- Know your benefit coverage, as well as your dependents, prior to receiving services.
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

Please remember that we must receive your billing information at the time of each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible.

Regarding Insurance Plans where we are a participating provider, all co-pays and deductibles are due at time of treatment. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility retains to:

- Denied and Non-covered services

- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pended claims due to lack of patient and/or guarantor information
- Non-insurance and/or out-of-network benefits

If you fail to receive an Explanation of Benefits (EOB or EOP) from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitioned to patient responsibility and you may be required to make other payment arrangements.

MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance or filled by another patient, our policy is to charge \$25.00 for missed appointments. There may be an additional fee for missed physicals. We will not file, nor will insurance plans pay for this charge, so please help us serve you better by keeping, or canceling in advance, scheduled appointments.