



Financial Policy

We would like to thank you for choosing Lexington Pediatrics. We are committed to providing you with the best possible care.

1. Responsibility for the bill

It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While the practice will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the practice in effect at the time of the appointment.

2. Copays and health care laws

Lexington Pediatrics would like to advise you on how health care reform may affect your copays at routine physical exams and sick visits.

The health care law states that patients will no longer have to pay copays for routine physical exams. Some insurance plans are "grandfathered in", which means a copay is still required for routine physical exam visits. If your insurance plan requires you to pay a coinsurance or deductible, you may be billed for this balance.

However, copays and deductibles are still required for other services. If your provider addresses a specific health issue beyond the routine physical exam, there will be an additional charge added to the physical exam visit charge for the treatment of the illness, and you will be responsible for the copay portion of that visit. A routine physical exam does not include a medical problem that is happening now. The following are examples to provide clarification.

Example 1: An infant comes in for a routine physical exam and immunizations. The infant also has a cold and fever and is found to have an ear infection requiring antibiotic treatment. The provider will bill for the physical exam PLUS an additional charge for the ear infection and the parent will be responsible for the copay on the ear infection charge.

Example 2: A child is seen for a 5-year old routine physical exam. The child has asthma and the provider determines that the asthma is not well-controlled and changes the patient's medications and provides a new asthma action plan. The provider will bill for the routine physical exam PLUS an additional charge for asthma management and the parent will be responsible for the copay on the asthma charge.

Example 3: A child with a history of asthma comes in for a routine physical exam. The provider asks about the child's asthma and finds that it is well-controlled on the current medication and no changes are necessary. There will be no additional charge beyond the routine physical exam charge and no copay is required.

Example 4: Newborns are often seen multiple times in the first few months of life. Baby Well Visits typically do not incur a copay. However "weight checks", "lactation visits" or other problem specific follow up care is considered an office visit and may incur a copay and/ or deductible.

Please ask our billing department if you have any questions.

3. Acceptance of insurance

We cannot bill your insurance company unless you give us your insurance information (copy of card). Your insurance policy is a contract between you and your insurance company. We are not party to that contract.

If you do not have insurance that we participate with, you will be considered a self-pay patient, and full payment is expected at the time of service.

Our office cannot always tell you in advance whether or not our charges will be covered by your insurance plan. Each insurance company has multiple plans that vary with employer group contracts. Please be familiar with your own plan, including types of coverage and restrictions on x-ray, laboratories, and emergency rooms. While our staff is trained to assist you with your insurance questions, coverage limitations or policy restrictions can only be addressed by your employer or group health administrator. Although our assistance is available, we cannot act as a mediator on your behalf.

4. Bad debt/legal action

If your account is not paid in full or satisfactory arrangements made within the allowable time frame, the practice reserves the right to refer the account to an attorney and/or a collection agency for collection of the balance. In the event that your account is turned over for collection, in addition to the principal balance owed, you will be responsible for all legal, attorney, and collection agency fees.

5. Behavioral assessments & developmental screenings

In accordance with federal law and American Academy of Pediatrics guidelines, we offer early and periodic screening for behavioral and developmental health problems at all well visits. These screening questionnaires allow us to provide your child with the best possible care, are required by MassHealth, and covered by most insurance providers. Please be advised that some insurance companies do not fully cover this assessment and you may incur a coinsurance or deductible amount for the screening.

6. Coordination of benefits

We will submit any non-covered services and/or deductibles to your secondary insurance, provided we are contracted with the payer. Primary insurance copayments are expected and due at the time of service.

7. Minor patients

The adult accompanying a minor and the parents (or guardians) are responsible for full payment at time of service. We are not party to any legal agreement between divorced or separated parents.

8. Motor vehicle accidents & workers' compensation claims

Workers' compensation claims must be authorized by your employer. Motor vehicle accident claims must be billed to the auto insurance carrier. At the time of your appointment, please be prepared to provide:

- Workers' compensation claim number or auto insurance policy info
- Date of injury
- Necessary claim forms
- **For worker's comp:** Name, address and telephone number of employer, immediate supervisor, and worker's compensation insurance carrier
- **For motor vehicle accidents:** date and location of auto accident, auto insurance policy info, other driver's policy info if being charged to the other vehicle's auto insurance

If a workers' compensation or auto insurance carrier denies a claim, you will be responsible for charges incurred as a result of the claim. If you have any questions, please speak with our billing department.

9. Outstanding bills

The practice reserves the right to request deposits or payment in full for any outstanding balances. Deposits will be based on the outstanding balance plus the patient's share of the bill for the new service(s) to be performed.

10. Patient records, correspondence and forms completion

Copies of medical records are available to the patient, parent or legally appointed guardian, after we receive a signed release. Please allow ten business days for completion of all medical record requests.

11. Patient responsibility

All patient account balances are due within 30 days of the insurance payment, unless other satisfactory arrangements have been made with the practice. Not all services are covered by all insurance companies. It should be understood that by accepting the service(s), the patient/guarantor is responsible for payment regardless of whether the insurance covers the service. The practice cannot become involved with any third party liability matters and must always look to the patient/guarantor for payment of the bill. According to your insurance policy, you are contractually obligated to pay any copay due at the time of service.

12. Payment arrangements

The practice will make a reasonable effort to assist patients/guarantors in meeting their financial obligations. If unusual circumstances make it impossible for you to meet the terms of this financial policy, please discuss your account with our billing office at 978-322-0778 should you need to arrange a payment plan. This will avoid misunderstandings and enable you to keep your account in good standing.

13. Point of service collections

Payment for service is due at the time the service is rendered and non-emergency services may be deferred until the necessary payment arrangements have been made.

Payment will be accepted in cash, check, MasterCard, Visa, American Express, or Discover.

Patients unable to comply with the point-of-service payment policy will be referred to our billing department for necessary arrangements.

14. Release of information

By signing this release of information form, I authorize Lexington Pediatrics to furnish information as necessary to insurance carriers or third party payers.

15. Returned checks

Any payment made by check that does not clear your bank account will result in a fee for insufficient funds. Our fee for insufficient funds is \$25 and will be added to your account for each returned check.

16. Routine vision & hearing exams

Please be aware that we also perform routine vision and hearing assessments on our patients. These services may or may not be covered by your particular insurance plan. You also may incur a coinsurance and/or deductible balance for these services. If you do not wish to receive a hearing or vision exam, please inform our staff at the beginning of your visit.

17. Travel vaccines

Special vaccines may be necessary for international travel. These vaccines may or may not be covered by your insurance plan. We recommend that you contact your insurance company to inquire about coverage and/or deductibles for this service.