

FEES COLLECTION POLICY

- 1. Insurance**
 - A. Northern Pediatrics will file charges for office and hospital services and accept the payer contract payments. The patient is responsible for the co-payment, co-insurance and deductible, if applies. The insurance company determines these fees. Discounts cannot be given on co-payments, co-insurance or deductible due to our contractual agreements with the insurance companies.
 - B. Co-payments are collected prior to office visits. Appointments will be rescheduled if the co-payment is not paid at the time of the visit.
 - C. Any insurance claims that have been denied will become the patient's responsibility.
- 2. Self-pay (no insurance)**
 - A. Fees are payable in full at the time of service. We will collect a deposit at check-in and then the remaining balance, if any, will be collected at the check-out window. A "cash discount" of 35% of total charges will be given if the fees are paid at the time of service. Payment in full will be requested at each office visit.
- 3. Liability accounts**
 - A. In cases where another party (not the patient) is responsible for the charges incurred, the account will be treated as "self-pay" (see section 2 above).
- 4. Delinquent accounts**
 - A. If no response is received after two (2) consecutive monthly invoices the physician will be notified. If no payment is made after the third invoice is sent the account will be turned over to a collection agency.
 - B. While the account is in "collection status" no office appointments will be accepted for the patient.
 - C. Delinquent accounts must be paid in full prior to scheduling an appointment.
 - D. If accounts are sent to an outside collection agency, this may result in the patient being dismissed as a patient from our practice.
- 5. Accounts with balance, but not in collections**
 - A. Payment may be required prior to scheduling appointments or refilling prescriptions.
- 6. Payment Methods**
 - A. Cash, personal check, money order, Visa and MasterCard are accepted.
 - B. Credit card payments may be made in person or by phone.
- 7. Returned check fees**
 - A. Any returned check from the bank for non-payment (insufficient funds) will result in the patient's account being charged a \$25.00 fee per returned check.
- 8. Disability Forms/FMLA Forms**
 - A. There is a \$20.00 fee per form for the completion of these forms. This fee is collected prior to completion of the form and each time the form is required. Allow 7-10 days for completion of forms.
- 9. Child Custody Cases**
 - A. Northern Pediatrics will bill the insurance carrier for both parents when applicable. However, the parent/guardian that signs for the services will be responsible for all outstanding charges and balances unless you have a court order that specifies otherwise.
- 10. Medical Record Fees**
 - A. A minimum fee of \$10.00 will be charged for Medical Record requests. This will be collected at the time of the request.