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Crested Butte Pediatrics, LLC FINANCIAL POLICY

(Effective February 1, 2021)

Thank you for choosing Crested Butte Pediatrics, LLC as your children's health care provider. We appreciate your trust in us and the opportunity to carry out our mission statement, "Caring for Our Kids". This document outlines our financial policies. Please read them thoroughly. You can also access this form on our website under "Forms".

Please bring your insurance card to every appointment

PATIENT PAYMENTS

Our contracts with insurance companies require that we verify your current coverage and collect your co-payment at each visit. **Co-pays** (not paid on the day of service) are subject to an additional \$20 service fee. If your child/children have an **outstanding balance**, please make sure whoever accompanies the patient to the visit is prepared to pay it. Pay off of existing balances for your family are expected before your visit. We accept cash, check, or a credit/debit card to pay your account. **A current credit card will be kept on file.** We do not store credit card numbers in our office, but use a secure link to access the information when we need to process a charge. (Our software securely encrypts and stores your credit card information displaying the last 4 digits of your credit card number only. No employee or outside vendor will ever have access to your information). Please present your credit card at the time of your visit to scan into your account with this form. It is your responsibility to notify us if your credit card information changes.

We will attempt to validate your insurance benefits at time of service and alert you to any problems. **If we cannot validate your coverage**, we may assign your account to self-paid status and request full payment at the end of your visit. **If you do not have valid insurance**, you are responsible for the full amount at the time of service.

FIRST STATEMENT

Your insurance policy is a contract between you and your insurance company. Regardless of your insurance status, when we determine that you owe a balance, we will mail a statement to the mailing address provided to us by you. If your address changes, **you are responsible for notifying us.** Payment is due upon receipt of the statement. Alternatively, you can pay your bill through our secure website portal if you know your child's account number and the amount due.

Please contact our office as soon as possible after receipt of your statement should you have any questions, or should you wish to discuss the outstanding balance. Should you need it, we can help you set up a payment plan with a valid credit card. One-third (1/3) of the total balance is due the first day of the payment plan. The credit card used will automatically be charged for the second and remaining third owed on a monthly basis. We require payment plans to be arranged before your bill is 30 days old. In the event that your insurance pays us after that time, you will be reimbursed.

PROMPT PAY DISCOUNT

Crested Butte Pediatrics provides a **prompt pay discount** to those uninsured patients (or those who carry insurance with which we are not contracted) who pay for services at the time of service, thereby avoiding billing and collection costs by the practice. These discounts are set at **30%** off the cost of a visit. Discounts do not apply to any services other than office services, meaning lab fees, testing, etc. are charged at the set full price without a prompt pay discount. Prompt pay discounts are not offered to insured patients where Crested Butte Pediatrics is contractually required to accept a specific fee schedule. However, we do everything we can to mitigate the expense of anyone who is underinsured.

SUBSEQUENT STATEMENTS AND UNPAID BALANCES

If your account remains unpaid, subsequent statements will be sent to the address we have on file. When your balance is **90 days past due, your credit card will be charged** for the full amount owed. If declined, your account will be frozen and turned over to an outside collection agency for non-payment. Collection agency balances require that we will no longer be able to provide healthcare services to your child/children. We continue to provide 30 days of emergent care to give you time to find another physician, and we work with you through any current treatment plans. In this event, the Guarantor of the account agrees to pay any fees incurred by the collection agency.

INSURANCE COVERAGE

While we make a good faith effort to verify your coverage, we are not liable to guarantee that the information given to us by your insurance is correct. **It is your responsibility to know what services may or may not be covered by your insurance.** We encourage you to refer to your benefits manual if you have any questions about covered services and work with us to make sure that these services are provided at the most cost efficient manner. **If your insurance does not cover routine screenings as performed in our office** (developmental screenings, hearing and vision screenings, etc) the cost of these services will be billed to you. It is your responsibility to know which services your insurance covers and at which ages.

By signing you agree to provide Crested Butte Pediatrics with the most current and accurate insurance information as it applies to your child's account. You will notify the office of any changes to insurance agree to the assignment of benefits. Finally, in the event that insurance information you provide delays payment, you will be asked to pay in full billed charges and seek reimbursement from your insurance provider directly. The insurance company gives us a very small window in which to file a claim, and incorrect insurance information usually delays this beyond their window.

If your insurance does not pay your claim within 90 days, you will be charged for the full amount and can file the claim again independently and seek reimbursement from your insurance provider. This will often involve you speaking with your insurance company to work out errors in your coordination of benefits, incorrect information previously provide to or recorded by your insurance provider, etc.

THIRD PARTY PAYORS

Our office does not bill third party payors, such as motor vehicle accident claims or worker's compensation claims. If you wish to see our doctors for a visit that would normally require

us to bill a third party payor, you are required to pay for the visit and/labs in full as a self-pay patient, and we will provide you with what you need to submit the claim yourself.

CHILD ADVOCACY

As an advocate for our young patients, Crested Butte Pediatrics will not intervene in any custody dispute or financial responsibility dispute between parents or other responsible parties. We will send statements to any one address provided; however, we cannot look to more than one party for financial responsibility. You will need to work out these arrangements among the parties involved.

MISSED/LATE CANCELLED APPOINTMENTS

We require a **24 hour notice for cancelation of a Preventative Visit/Well Check-Up or Extended Visit** and a **2 hour notice for a Sick Appointment**. You must cancel any "sick" appointment you cannot keep at least 2 hours prior to your scheduled appointment. This courtesy will allow others to be seen in a timely manner. If you are more than 15 minutes late for your scheduled appointment, the physician will have to determine whether the appointment will need to be re-scheduled and counted as a missed appointment. No Show appointments will be subject to a No Show fee as follows:

1st No Show Appointment \$35

2nd No Show Missed Appointment \$75

3rd No Show Appointment \$100

After the 3rd No Show, you may be asked to find another healthcare provider.

Missed Appointment Fees are as follows:

Missed Sick Visit (if not canceled at least 2 hours prior): \$20

Missed Well or Extended Visit (if not canceled at least 24 hours prior): \$35

FEES NOT COVERED BY INSURANCE

Crested Butte Pediatrics reserves the right to charge your credit card for the following fees:

Medical Records beyond 10 pages: \$25.00

No Show Fees: \$35/\$75/\$100

Missed Appointments (not cancelled timely): \$20/\$35

Late co-pays \$20

*Forms \$5-\$10 depending on the time involved

*School/sports/daycare/camp forms will be **completed free of charge at the time of a well visit**. Please complete all of the parental sections of forms prior to presenting to our staff. Forms can be completed at other times for a \$5-\$10 fee (depending on the length of the form and the time involved) with a turn around time of approximately 3 business days. There is a \$30 fee for "rush" same-day completion forms that are not presented at the time of a well visit.

NEW BABIES

If you have a **newborn or newly adopted child**, congratulations! Your child is covered for the first 30 days by the mother's policy, regardless of which parent will provide ongoing insurance coverage. You should contact your carrier as soon as feasible to add the new

child to your policy. Permanent coverage must be in place before the automatic newborn coverage expires. **You must have your child added to your policy by the one month well visit** and should have an insurance card to present at that visit. If you have not received an insurance card, contact your insurance company **prior** to the visit to verify coverage and get an active insurance ID number. If you do not have active coverage, your visit may be rescheduled of your may be personally responsible for the bill.

If your child is **covered by more than one insurance policy**, be sure you know which is considered primary. We must submit claims to the appropriate carriers in the correct order. Otherwise, claims may be denied by your insurance provider and the balance will become your responsibility.

Our Collection Procedures

If your account is **self-paid** (this includes those carrying **insurance with which we are not contracted**), all services must be paid for at the time of your visit with a prompt-pay discount. This may include situations where we cannot validate active coverage with your insurance carrier. In such cases, we will collect payment at the time of service and refund any amounts subsequently collected from your carrier. We will also provide you with the appropriate information to assist you in submitting claims to your insurance company for direct reimbursement to you.

If you have **valid coverage** with a participating insurance carrier, we will file an insurance claim shortly after your visit. If there are any **problems with this submission**, we will notify you immediately and request your prompt assistance with any conditions under your control that are causing a delay in processing. This often requires you contacting your insurance provider. If your insurance carrier does not respond to our secondary submission within 60 days from the original date of service, we will send you a statement, and payment will become your responsibility. You will need to contact your insurance carrier if you think it is responsible for payment. We will expect payment from you at that point and will charge your credit card on file.

We welcome the opportunity to discuss any aspect of our financial policy. Please ask to speak with us if you have any questions, comments, or concerns. We thank you for your support and look forward to serving you in the future.