

**Praful U. Bhatt, M.D.**  
**Pediatrics and Adolescent Medicine**  
**72 East Church Street**  
**Lock Haven, PA 17745**

## **FINANCIAL POLICY**

We would like to thank you for choosing Dr. Bhatt as your child's pediatrician. Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve your goal. **Please read these policy details carefully and sign your agreement to abide by the guidelines, at the bottom of the form.** If you have any questions please do not hesitate to ask a member of our staff.

On arrival, please sign in at the front desk and verify your contact information (address and telephone number(s) of both parents) with the receptionist. Please also present your insurance card at each visit.

### **Insurance**

You will be asked to sign and date the file copy of your insurance card. This is your verification of the correct insurance and consent to bill them on your (child's) behalf. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and submit the charges to the correct plan. Responsibility for payment to Praful U. Bhatt, M.D. is your obligation regardless of insurance or other circumstances. However, our office staff is happy to provide any information necessary for you to submit claims to your insurance carrier for reimbursement to you. **Insurance claims that are denied, rejected, or not paid within 30 days will be your personal obligation. Your help in seeing this claim is paid and satisfied within 30 days is greatly appreciated.** If the insurance company has requested any information from the subscriber, it is your responsibility to provide such information to your insurance carrier. Until the subscriber provides such information, the insurance carrier will simply not pay the claim. So, respond to their request promptly.

Health Insurance is a contract between you, your employer and your insurance company. It is important for you to be an informed consumer who understands the specifications of your policy, such as Co-Pay, Co Insurance, Deductibles, referral/prior authorization requirements, coverage or non coverage of radiographs and laboratory tests. Please do not expect our office staff to know it or spend their time trying to resolve your insurance issues

If we are your primary care physician (PCP), please make sure that Dr. Bhatt's name and our office phone number appear on your card. If your insurance company has not been informed that we are your child's primary care physician as of the first date of service, you may be financially responsible for the visits. It is your responsibility to fill out necessary forms or inform your human relations office of the employer to establish insurance coverage for your newborn or child in time, whether it is Medicaid, CHIPS or Commercial Insurance. Insurance coverage requires you to be active and responsible on your part. Insurance coverage is not someone else's responsibility. If there is a lapse in the coverage due to any delay on your part, please note that most insurance will not offer a retroactive coverage. . **Insurance claims that are denied, rejected, or not paid within 30 days will be your personal obligation**

**Referrals:**

If your plan requires a referral for your child to see a specialist, or for procedures or laboratory tests, you must allow us 3 to 5 business days to complete appropriate forms and receive authorization from your insurance company. You may have to reschedule your appointment if you have not given us enough notice to prepare your referral. Only emergency referrals will be completed on the same day.

**Retroactive referrals cannot be written and will not be honored.** If a specialist provides the service without appropriate prior referral authorization, the family will be responsible for the charges incurred as a result of lack of referral. It is important that as questions arise, you contact your insurance company directly for final guidance and clarifications. In general we will not agree to a referral for a problem we have not been consulted about first.

**Payment:**

According to your insurance plan, you are responsible for any and all co-payments, deductibles and coinsurances. It is your responsibility to understand your benefit plan. **Co-payments have to be made on the day of your visit and not afterwards.** There is an additional billing fee of \$10 per month, if copayment is not paid at the time of service. There is a service charge of \$45 for returned checks and your account will be placed on a "cash-only basis". **Once on a "cash-only basis, we will accept payments only by cash or credit card until the balance is cleared.**

If we do not participate in your insurance plan, or you are a self pay customer, payment in full is expected at the time the service is rendered. **For scheduled appointments, prior balances must be paid prior to the visit.** Our receptionist is available to discuss our payment policy and your account at the time of the visit. If you are experiencing financial difficulty, please let us know.

**Billing:**

We provide you with an itemized statement/receipt each time your child receives services at the office. PLEASE CONSIDER THE REMAINING BALANCE ON THIS STATEMENT/RECEIPT AS YOUR FIRST BILL. **Send your payment as soon as possible. Please do not wait till next billing cycle to pay the balance.** We accept cash, checks, Master Card, Visa or American Express.

We reserve the right to impose a billing fee on past due accounts. A \$10 billing fee per month will be charged to you if your co-payment is not made at the time of service. A \$10 rebilling fee per month will be added to your balances more than 30 days past due. All accounts outstanding more than 90 days will be sent a final notice for payment. Balances not paid in full within 10 days of the date on the final notice will be forwarded to a collection agency. **If your account is forwarded to a collection agency, you are responsible for reasonable attorney/collection agency fees and court costs involved in collection of past due accounts.** We will continue to see your child on an emergency basis for the next 30 days, giving you time to find a new medical care provider for your child.

The accompanying parent or adult is responsible for full payment at the time of service. In case of divorce, please do not put our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between custodial and noncustodial parent. It is also your responsibility to find out about address, date of birth, employer and insurance identification numbers from the noncustodial parent.

**Appointments/ Missed appointment or late cancellations**

To meet the needs of our families, we see our patients by appointment. From time to time, appointments may need to be changed or cancelled. We request that appointments be cancelled as soon as possible prior to the appointment, preferably 24 hours before. Appointments that are not kept and are not cancelled significantly add to the cost of medical care. No shows for the appointments also takes away our opportunity to give the time slot to someone else who could have better utilized our time. Therefore, if you do not cancel an appointment, we must charge you for that visit. **There is a \$20 charge for appointments that are missed or not canceled or a 24-hour notice is not given. Unfortunately, this no show fee is not paid for by insurance carriers and will be your full responsibility.**

As per the provisions of the Affordable Care Act, annual physicals are covered for all children, adolescents and adults. Sometimes, one annual physical is covered per calendar year, other times it is close to one year from the last well check up. Please check with your insurance company if the well visit would be covered for your child. Not all plans cover hearing and vision screenings, although they are essential components of a well child preventive exam! It is your responsibility to know your insurance plan benefits. You will be responsible for items not covered by your insurance plan.

**Forms and fees**

There is a \$10 prepayment fee for the review and completion of school/childcare forms not provided at the time of the well-child examination. We require 3 to 5 day turnaround time for the forms. **A school/child care form is filled out at no cost, if the form is provided to us at the time of the examination.** Please keep the original form and use the photocopy for your child's school, camp or sport activity. This will help you avoid additional fees.

There is a \$30 prepayment fee per child, for the transfer/copy of records of the care provided for your children. We would copy immunizations, list of current and past medical problems and a list of diagnoses for each visit. This generally comprises everything your next medical provider will need to diagnose and treat your child. If you require or desire a copy of the entire record, there are additional charges based upon the volume of the records.

There is a service charge of \$45 for returned checks and your account will be placed on a "cash-only basis". **Once on a "cash-only basis, we will accept payments only by cash or credit card until the balance is cleared.**

**More Information:** Please call if you have any questions about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can always be made.

**Agreement:** I, the undersigned, agree to accept full financial responsibility for services rendered by Praful U. Bhatt, M.D., I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined in this credit policy.

Patient Name(s) -----Date: \_\_\_\_\_

Name and Signature of Parent/Guardian\_\_\_\_\_