

ANDORRA PEDIATRICS

8945 RIDGE AVENUE
SUITE 3-4-5-9-10
PHILADELPHIA, PA 19128
215-483-8558

www.AndorraPediatrics.com

Andorra Pediatrics Office Financial Policy

January 1, 2020

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 our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Check IN

- a. On arrival, please check in at the front desk and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card. This is your verification of the correct insurance and consent to bill the insurance on your child's behalf.
- b. If we are your primary care physician, please be sure our name and phone number appears on your card. If your insurance company has not been informed that we are your primary care physicians as of this visit date, you may be financially responsible for the visit.

Policy for Well and Sick Visits done on same day

1. No one likes being surprised with a bill. Your insurance company may cover well and sick visits differently, and it is very important that you familiarize yourself with the details of your insurance coverage.
2. Insurance companies may cover well visits 100% (where there is no cost to you) but most insurances **require a co-pay be paid at the time of a sick visit or follow-up visit for a previous problem.**
3. Co-insurance, and/or deductible, if applicable, may also be owed.
4. ***If your child is scheduled for a well visit and your child is also sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for your concerns, we are required to bill your insurance company for both services. If your child is sick and requires treatment (ear pain, sore throat, wheezing, coughing, etc), a sick visit (which requires a co-pay) is added to the visit. This is the same as if you brought your child in for a sick visit and you had a copay due.
5. ***Even though there is no charge for the well visit, you will still be responsible for the co-pay and any additional charges passed on to you for the sick visit.***
6. Depending on the extent of the additional problem and the time available, the doctor may decide to reschedule the well visit and focus on the issue that is causing the most concern.

New Babies Insurance Coverage

*******Newborns must be added to a parent's policy as soon as possible after birth*******

For newborns, proof of application will be expected by 2 weeks of age for those still not added to the insurance. Most commercial insurance companies allow only 2 weeks to add your newborn to your plan. Please do so as soon as possible. **By 1 month of age**, all babies without proof of insurance will be expected to pay in full for their future well visit and all visits since birth that have not been paid. Make sure the insurance is dated back to the date of birth.

Who Is Responsible for CoPays

Copays (as required by your insurance company) are due at time of service. According to your insurance plan, you are responsible for any and all copays, deductibles, and coinsurances.

1. Payment is due regardless of who brings the child in for the service.
2. Grandparents, babysitter, aunts, etc., will be expected to bring in payment for your copay, co-insurance or deductible.
3. If you are reachable by phone, we can take your credit card information over the phone and send the receipt home with your child's caregiver.
4. For separated or divorced parents, financial responsibility still belongs to the parent bringing that child in for treatment.
5. We will not bill another parent - it is your responsibility to bring what you will owe when you arrive.

Financial Responsibility

Payment is determined from benefits we receive from your insurance company. Regardless of what is quoted or misquoted by them, you are ultimately responsible for any deductibles, co-insurances, or copays that are not paid by your insurance company. This includes services they do not think are medically necessary, or do not cover, but that our providers deem necessary, appropriate and/or a standard of care for pediatrics.

- a. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit
- b. It is your responsibility to understand your benefit plan and to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. We will assist you in any way we can.
- c. If our Doctors do not participate in your insurance plan, payment in full is expected at the time of your office visit. For scheduled appointments, prior balances (or a payment plan set up) must be paid.
- d. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
- e. We are **in network** with most major insurance companies, but if we are not, we can sometimes bill as an out-of-network provider if your insurance accepts such claims.
- f. Plans change annually and so can their networks or our affiliation with certain networks.
- g. If we are out-of-network, you will be responsible for any out-of-network charges, which are usually higher than those your insurance company charges you for in-network providers. When you purchase a new insurance plan, please call them to make sure we are in-network before you sign up your children. It is your responsibility in finding out if we are an in-network provider is your responsibility.

Secondary Insurance

We do bill secondary insurances whenever possible. If you are here for a sick visit in which your primary insurance requires co-pay but have a secondary plan that has no deductible, you **will not be required** to pay any deductible for that visit.

How do you know what is covered?

- a. When you have a new plan, it is important to discover what visit responsibilities are.
- b. Here is a list of terms that you should be familiar with, and questions you can ask your insurance company to make sure you know what you will be expected to pay when you come for your visits.
- c. Keep in mind that you could call your insurance three times and get three different answers to the type of coverage you have.
- d. We run into the same problem if we call, so it is very important to read the handbook that is given to you when you get your insurance plan. That is your written contract with them.

Patient Balances

1. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.
2. If previous arrangements have not been made with our billing department, any account balance outstanding greater than 28 days is subject to being charged a \$10 re-bill fee. Any balance over 60 days will be forwarded to our collection agency at our discretion.
3. All returned checks for insufficient funds will incur an immediate payment of the amount due plus a \$30 bank charge that we incur.

4. **For Copays due at a visit and not paid:** There is a \$10 late-fee for any expected payments not made at the time of service, unless paid within 3 days.

Explanation of Insurance Financial Terms

1. **Copay** - A fee you have to **pay at every visit** as required by your insurance company.
2. **Co-insurance** - This is a fee you pay based on a percentage of the reimbursement the office will receive for providing your services. If for example, the insurance pays \$100, and you have a 30% co-insurance, you will be required to pay \$30 at the time of service.
3. **Deductible** - The amount **you have to pay before** the insurance will pay for any services. A deductible can be up to \$2000. Your insurance company has a contract with us that pays an agreed upon amount (**allowable amount**) for each visit type. You will be required to pay the allowable amount for the services you received at the time of your visit. We will send a claim to your insurance company so that they know to apply your charges toward your deductible. It is very important to know how much your deductible is and if it has been met.
4. **Maximum Benefit** - Having "Great" insurance does not mean you have complete coverage. Some insurance companies limit how much they will pay for a particular type of service. They may only pay a percentage of a well visit. All insurance companies are required to cover all vaccines as set up by the American Academy of Pediatrics. Some insurance companies limit the number of visits, instead of putting a dollar limit on a service. For example, there are typically 7 well visits scheduled in your child's first year of life including the one year old visit. An insurance company may limit it to 5 of the 7 visits. You would be responsible for the additional visits your child received. **This is why it is so important to understand your insurance coverage.**

Collection

1. All outstanding balances not paid within **90 days** may be turned over to a collections agency, and a discharge notice terminating patient care will be sent to you.
2. All costs incurred in collecting a delinquent account will also be added to your charges. During this 30 day period, discharged patients will need to transfer medical care to another physician's office. We will continue to provide medical care to you during this time period.
3. If the balance is not paid within those 30 days, patient care will be officially terminated.
4. Depending on the amount of the balance, payment plans may be set up on an individual basis. Any payment plan obligations not met, or not attempted to be met, will be immediately given to collections and patient care terminated as mentioned above.

Appointments

1. Before making your child's yearly well check appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of visit.
2. **We would appreciate at least a 24-hour notice for canceling any and all appointments.** We understand there are circumstances that may develop.
3. **Repeat "missed appointments" will incur a \$25 charge.**
4. **Families missing more than 3 appointments will be asked to seek care with another provider.**

Referrals

1. **Advance notice is needed for all non-emergent referrals.**
2. It is your responsibility to know if a selected specialist participates in your plan.
3. Remember your primary care physician should approve referrals before being issued.
4. We will help you verify the specialist participates in your insurance.

Types of Office Visits

- a. **Well Visit** - This is used to indicate a well care visit that your child will receive as per the **Andorra Pediatrics Well Child and Immunization Schedule**. These are usually scheduled visits that address normal growth and development, safety and accident prevention and nutrition.
- b. **Sick or Acute Visit** – This visit type is for children who are sick or where is a problem or concern not related to routine care. Examples would be: ear pain, breathing problem, behavioral problems or sports injuries.
- c. **Immunizations/Vaccines** - The terms “vaccines” and “immunizations” mean the same thing. These are life-saving injections that help your child’s immune system fight a particular disease, like pertussis (whooping cough), polio, or meningitis. Many vaccines require boosters, which are additional doses given to continue revving up your child’s immune system so that it doesn’t forget how to fight that deadly disease. Please refer to the **Andorra Pediatrics Well Child and Immunization Schedule** to see when your child is due for visits and immunizations.
If your child does not have insurance, the federal government, under the Vaccines for Children (VFC) program, will pay for the cost of your vaccines. There will be a \$10 administrative fee **for each vaccine** given under the VFC program. This charge is in addition to any charges for the well or sick visit.
- d. **Follow-up Visit** - This visit type is for a recheck of a previous problem treated in our office. Hospitalization and Emergency room follow-up visits are classified as sick visits. More time is required reviewing the reason for the hospital admission or ER visit as well including getting copies of the hospital/ER records so we can review medicines dispensed with appropriate doses, review any X-ray studies or lab work done.
- e. **Brief Visit** – This visit type would require a shorter visit in a child who is well but has a rash, warts, or a mild muscle sprain or strain in which minimal treatment is needed.

Forms

Filling out forms requires a complete review of your child’s medical history. We prefer that you give us 48 hours to complete a form. If your child has school, camp, or sport forms, there is a \$5 charge per form if completed at the time of a well visit. For urgent forms, we will try our best to have a Nurse complete the form while you wait. Please be patient. Payment is due when the forms are dropped off.

1. **Below prices are per form and per child**
2. **Please give forms to receptionist at check-in**

Forms done at time of Well Visit:	\$5
<u>Forms completed at times other than Well Visits:</u>	
1. School Forms:	\$10
2. Camp Forms:	\$10
3. College Forms	\$10
4. Driver’s Permit:	\$5
5. Working Papers:	\$5
6. WIC Forms:	\$5
7. PECO/Gas Forms:	\$10
8. PECO/Gas Forms (emergency):	\$25
9. Medical Leave Forms:	\$15

PAYMENT IS DUE AT TIME OF DROP OFF

(We cannot bill insurance for any forms)

Transfer of Records

1. We charge a flat fee of \$20 for the transfer of charge records. Payment for records must be paid before the chart will be reviewed and sent out. We accept credit cards over the phone.
2. If you are moving, once you find a new physician, you will send us a **Record Release** form from your new office. This will start the process of reviewing your child’s chart so we can send your new physician’s office the appropriate records that will help your transition to their care.
3. This Record Release is important as it serves as a written disclosure of your child’s medical record that we are legally required to maintain.

Questions to help you when speaking to your insurance company

1. What are my vaccine benefits?

- a. Does a deductible apply? How much?
- b. Do I have a co-insurance? How much?
- c. Will copay apply if I only need to get vaccines and do not see my doctor?
- d. Is there a maximum benefit on my vaccine benefits? What is that limit?

2. What are my sick benefits?

- a. Is there a deductible? How much?
- b. Co-insurance? How much?
- c. Copay? How much?

3. What are my child's well benefits?

- a. Does a deductible apply? How much?
- b. Do I have a co-insurance? How much?
- c. Will copay apply if I only need to get vaccines and do not see my doctor?
- d. Is there a maximum benefit on my vaccine benefits? What is that limit?
- e. Is there a limit on the number of well visits I can have in a year? If so, how many and by what age?
- f. Do well benefits end at a certain age?

4. What is my benefit year?

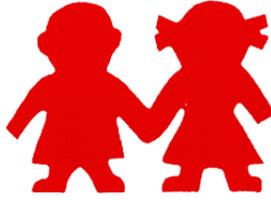
- a. Does it start over on Jan. 1?

Andorra Pediatrics Family History Document

Filling out this form will help us provide more comprehensive care for your child.

Patient Name: _____ Birth Date: _____

	<u>Mother</u>	<u>Father</u>	<u>Siblings</u>	<u>MGM</u>	<u>MGF</u>	<u>PGM</u>	<u>PGF</u>
Allergy : Medicine							
Allergy: Hay Fever							
Allergy: Food							
Anemia							
Asthma							
Autism							
Bleeding Disease							
Birth Defects							
Cancer (type)							
Death before age 50							
Depression							
Developmental Delay							
Diabetes							
Genetic Disease							
Hearing Disorder							
Heart Attack							
Heart Disease							
High Blood Pressure							
High Cholesterol							
Immune Disorder							
Kidney Disease							
Learning Disability							
Liver Disease							
Lung Disease / TB							
Mental Illness							
Mental Retardation							
Migraine Headaches							
Obesity							
Seizure Disorder							
Skin Problems							
Stroke							
Thyroid Disease							
Tuberculosis (TB)							
Alcohol Addiction							
Drug Addiction							
Tobacco Use							



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Andorra Pediatrics Information Update for Medical Records

Only fill in any changes- if no changes, please date in spaces below and write "NC" for no change.

Today's Date: _____

Children's names and Birthdate:

1. _____ BD: _____
2. _____ BD: _____
3. _____ BD: _____
4. _____ BD: _____
5. _____ BD: _____

Home Address: _____

Second Address/Relationship: _____

Home Phone(s): _____

Cell Phone: Mother: _____ Father: _____ Other: _____

Emergency Contact Number and name: _____

Email: Mother: _____ Father: _____

Language (Primary): ___ English---Other _____

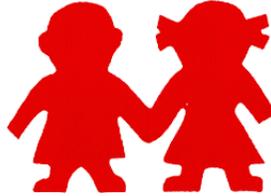
Race: White-----Black/African American-----Asian-----Other _____

Pharmacy name and number (if changed): _____

Portal System

Are you registered with our Portal system? If not, ask us for the registration information.

We will be using the Portal system to contact you with lab results, X-ray results and any additional information about the practice. If you are not signed up with the Portal, we will use the email address given above to contact you.



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New Patient Practice Introduction

Thank you for choosing Andorra Pediatrics as your Patient Centered Medical Home for your family. It is our sincere hope that you are always treated in a courteous and professional manner by our staff and that we provide the care you expect to your complete satisfaction.

We have 2 full-time Board-Certified Pediatricians: Dr. Bob and Dr. Dan. We are affiliated with Abington Memorial Hospital, St. Christopher's Hospital for Children and Children's Hospital of Philadelphia.

Families can choose which Provider they would like to be their child's primary care provider. We encourage using one provider for well checkups for better continuity of care. If your child needs to be seen for a sick visit at the request of either the parent or provider, one of the providers will always be able to see your child on that day.

We participate with most insurance companies. Please remember to check your child's insurance card to be sure "**Andorra Pediatrics**" or your **Pediatrician's name** is listed as the primary care physician.

If we have not already received your child's previous medical records, we will provide you with a "Record Request Form" for you to fill out to send to your child's previous medical doctor. The information we request includes last well visit, growth chart, immunization record, problem list, medicine allergy, hospitalizations and surgical history.

Certain insurance companies require patients to use specific outpatient services. These include lab work, X-rays, Mental Health and Physical therapy.

1. **X-rays**: Chestnut Hill Hospital
2. **Lab work**: LabCorp or Quest depending on your insurance.
3. **Physical Therapy**: NovaCare Physical Therapy depending on the age of the child and the problem. We can provide other names of Physical Therapy Groups.
4. **Mental Health**: No referrals are needed. We can also give you a list of mental health providers we recommend. In most cases, there will be a number on the back of your insurance card that you can call to get a list of participating mental health providers.

Please check with our office before having any services done. We can help you verify that the specialist your child is to see, or the service being done is covered by your insurance so you will not be billed separately.

This also allows us to provide any necessary Lab or X-ray information that the specialist may need.

Please visit our web site at: www.andorrapediatrics.com . You will find important information about our office including the following:

1. Appointments & Office Hours, Insurance & Billing, Specialist Referrals, Hospital Affiliations, Telephone Calls, Directions to Office, Emergency Department vs Urgent Care Facilities
2. A "3D Tour" that will allow you to see the layout of our office.
3. An area where you can view education handouts (printable) that cover many topics in pediatrics.
4. Rash Photo Library
5. An area called "Links" that will direct you to many helpful pediatric information sites.
6. A category called "Multimedia" where your child can take an online quiz.
7. Pictures of "our family" with their job descriptions.
8. Comment Board for your comments about our practice

We will need certain information about all family members so we can enter your family history into our computer system. **Forms** are available on our web site that can be downloaded and filled out prior to coming to the office.

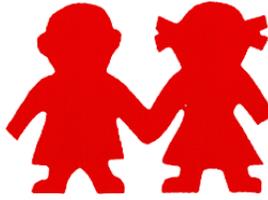
We have an active **Portal** system that allows you to view medical information about your child. We will give you a registration number when you come to the office that allows you to access this medical information.

We have a 24/7 live answering service for all after hour calls. We encourage you to call us before going to an Emergency Department or Urgent Care Center. In most cases we can handle problems over the phone until your child can be seen in the office. This will save you hours of waiting in an Emergency Department or Urgent Care Center. In the event we feel your child needs to be seen in an Emergency Department, we will call the Emergency Department to provide any necessary information about why your child is being referred.

Please do not hesitate to contact our office at 215-483-8558 if you have any questions about your insurance or referrals. Please ask for Kim Fleming, our Office Manager or Jann McMaster, our Office Administrator.

We look forward to caring for "your family."

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Practice Standards and Patient Bill of Rights

ANDORRA PEDIATRICS is a private pediatric office. We will provide your child with quality care and personal service in a partnership with you. We prefer you make an appointment for all visits.

You can expect the following from us. We will:

1. Be courteous, helpful, and respect you and your child's dignity.
2. Keep your medical information confidential.
3. Try to accommodate you with appointments in a reasonable period of time.
4. See your child within 30 minutes of the scheduled appointment time.
5. See sick patients and urgent problems on the same day.
6. Review your child's immunization status at each visit. If necessary and appropriate, we will immunize your child even if the visit is not for a check-up.
7. We will try to coordinate follow-up and non-sick visits with well visits if time permits.
8. Coordinate your child's care with specialists.
9. Follow-up on all consultant referrals to help you in understanding the results.
10. Contact you with the results of abnormal laboratory tests ordered through our office.
11. Arrange for a convenient time to discuss over the phone any problems concerning your child.
12. Coordinate your child's care with your insurance company.
13. Respond to after-office hours' telephone calls for urgent medical advice within 30 minutes.
14. Help to make your child's visit a fun experience.
15. Keep our practice "**patient and parent friendly.**"

We expect the following from you. You will:

1. Be courteous and respect our dignity at all times.
2. Make appointments for all your children's well and sick care.
3. Keep your appointments on time.
4. Bring your child's immunization record for all well visits.
5. Call to cancel appointments if you cannot keep them. This will allow time for another sick child.
6. Understand that referrals take time to make out properly and when not an emergency, you will be patient if the referral can not be filled out on the day of your visit.
7. When possible, provide us with 1-2 days to complete a referral.
8. Call the office **during weekday hours** to make appointments, or for **advice** on fever, illnesses, feeding, behavior, medication refills, or routine problems.

9. Call before taking your child to the emergency room. Use the emergency room only for real emergencies, not routine medical care.
10. Call **after-hours** for urgent medical problems only. Do not call after-hours for non-emergency medication refills, or to make well appointments.
11. Pay your co-payments at the time of the visit.
12. Inform us of insurance changes on arrival to the office to give us time to update our computer.
13. Please take the time to discuss any problems that develop during a visit that may have upset you.