# Financial Policy

**INSURANCE**

- For your convenience, our office will file insurance claims on your behalf. However, your insurance policy is a contract between you and your insurance company. You will need to bring your insurance card each time you visit our office. It is your responsibility to ensure that our providers actively participate with your insurance carrier.
- If we are your children's primary care physician, your insurance company will need to be notified of this. If your insurance company does not have this information on file at the time of your visit, you will be financially responsible for the visit.
- We agree to reasonably assist you if there are questions with your claim. It is your responsibility to know and understand your insurance coverage. We will contact your insurance company to verify that you have coverage, but we cannot be responsible for contacting them to obtain your benefit coverage.
- Dawson Pediatrics will not become involved in disputes between you and your insurance company. We will provide accurate and truthful information in accordance with all applicable laws, contracts, and coding guidelines to facilitate accurate claim processing and payment.
- To properly file your insurance claim(s), we must obtain a current copy of your child's insurance card each time you visit our office. This will help your insurance pay your claims in a timely manner and save you from being billed. In the event you do not provide proof of insurance, payment will be expected at the time of service. Further, ***if you provide us with incorrect insurance information, you will be responsible for the bill.***
  - It is your responsibility to contact your insurance company and find out whether our providers are participating physicians within your insurance plan. Some insurance carriers have a PPO, HMO, POS, or indemnity status, and it is very possible that our providers may participate in only one of these areas, and not in all.
  - It is also your responsibility to read and understand your own insurance policy. Certain services and procedures may/may not be covered depending on your own insurance policy. You will be responsible for the charges of any services and procedures that are not covered by your insurance policy.
  - The following circumstances may result in you being billed directly (not intended to be an exhaustive list). ***Remember that your insurance company, not Dawson Pediatrics or your provider, makes decisions about what will be paid for and what will not.***
    - We are not participating in providers in your plan; insurance coverage is not in effect on the date service.
    - Non-covered lab work is ordered /performed
    - Non-covered services are performed or are denied for the reason, "not medically necessary"
- **Secondary Insurance:** We are pleased to bill secondary insurance as a courtesy to our patients. To ensure a smooth process, please provide the secondary insurance information at the time of your child's visit. If this information is submitted after primary insurance has processed the claim, we cannot guarantee that the secondary insurance will cover the balance. In such cases, you will be responsible for any remaining amount due.
- **Self-Pay Patients:** If you have no insurance coverage, payment is due in full at the time of service for both well- and sick visits, to receive a ***prompt discount***. If you are unable to pay in full at the time of service, please contact our office in advance to make payment arrangements with our billing manager.
- **Newborns:** As a courtesy, we will hold claims until the baby's 1 month visit to allow time for them to be added to your insurance policy. If the baby is not active on the 1-month visit, then that visit will be made a self-pay visit and will need to be paid at the time of service. The account will be left as self-pay until we show active coverage for baby.

**PAYMENT DUE AT TIME OF SERVICE**

- **Copays:** Dawson Pediatrics is contractually required by your insurance company to collect all copays for each child on each visit, regardless of who brings your child in to be seen. Please ensure arrangements are made for payment prior to your child arriving at our office.
- **Balances:** Payment is required for any outstanding balance on the account at the time of service or financial arrangements will have to be made before any future appointments can be scheduled. We will be happy to provide an itemized statement for your records.
- **Denied Claims:** Balances not paid by the insurance company through no fault of Dawson Pediatrics, will be billed directly to you for payment. These denials could include instances where the insurance company is waiting on you to contact them for coordination of benefits, to pick a primary care provider, correct child's date of birth or name, etc.
- **Divorce/Separation Decrees:** Dawson Pediatrics is not party to your divorce/separation decree. The adult accompanying the child is responsible for any copays or balances on the account. We will be happy to provide you with an itemized statement and receipt for reimbursement from the other party.

# Financial Policy

**PREVENTATIVE CARE VISITS**

- Many insurance policies cover these visits in full, however, many insurance contracts are now applying copays and/or deductibles, regardless of our in-network status with the insurance company. It is ultimately your responsibility to understand your individual contract as we do not have access to the specifics of your contract with your insurance company.
- If during a well-visit your child is sick or time is spent on a concern not related to normal growth and development, an office visit may be charged in addition to the well-visit. You will be responsible for any financial responsibilities incurred, including co-pays, co-insurance, and/or deductibles. It may be more prudent to schedule a separate office visit to go over anything beyond normal growth and development or reschedule the well-visit to focus on the more immediate concern.

**BILLING**

- As the parent or guardian of a child registered with Dawson Pediatrics, you agree to be responsible for all balance incurred on behalf of your child's medical care. Your billing statements are posted to your child's portal, which may be found at https://dawson.pcc.com/portal, and statements are mailed monthly as well.
- We will send an email and text notifications to all patients who have incurred a balance as soon as a balance is showing on the account. If an account gets to be 60 days old you will receive a phone call from our billing department to make a payment or set up a payment plan.
- If you have any special financial needs, please let us know as soon as possible by speaking with a member of our billing department, in person or by phone. We are willing to work with our parents as best we can to meet their needs and to continue providing care for our patients.
- **Triage/After Hours Consult:** Dawson Pediatrics follows the recommendations of the American Academy of Pediatrics (AAP) and charges for After Hours Telephone Care to patients for the services of the on-call provider. We will send these after-hours consultants to your insurance plan in the form of a telemedicine encounter. If insurance covers the charge, the guarantor will be responsible for any out-of-pocket responsibility applied by the insurance carrier. If your insurance does not cover the charge, or denies the charge for any reason, the encounter will be billed to the guarantor. If you are a self-paid patient, the charges will be billed directly to the guarantor. Dawson Pediatrics has provided the services of the CHOA nursing advice line for after-hours calls at no cost to our patients. We encourage you to call a triage nurse during office hours with your questions, and reserve after-hours calls for emergencies only.
- **Labs:** At Dawson Pediatrics, certain lab tests are performed in-house by our staff, and the results will be available during your visit. However, some tests conducted in-office may be sent to an external lab for further analysis. Please note that if this occurs, you may receive a separate bill directly from the outside lab. *Dawson Pediatrics is not responsible for any charges or balances resulting from tests sent to outside facilities. You are responsible for any bills you receive from these external labs*.
- **Motor Vehicle Accident:** Due to third party billing rules, we are unable to file a claim with your medical insurance. If your child comes in to be checked out after an auto-accident. We are happy to see your child and assess them, however, we will treat the visit as self-pay. Once the visit is completed, you can request an itemized receipt of the visit, and you can submit it to your auto-insurance for reimbursement.
- **Payment Plans:** Any balance that is over $100 will be set up on a structured payment plan before being seen for a visit. All payment plans must be secured with a credit card, and a payment plan agreement must be signed. The payment plan agreement will offer details on how your account will be managed the duration of the agreement.
- **In-House Collections:** Any account that is 90 days old will be sent to our in-house collections. Payment in full or a payment plan will be required to be set up with a member of our billing team before we will be able to schedule any further appointments.
- **Collections:** Any balance that is 120 days old will be sent to our collection company, unless the account is on a payment plan. If an account is sent to our collection company, ***then a 40% collection fee will be added on top of the balance due.*** When a balance has gone to collections, we will have no other option but to discharge the patient from our practice.
- **Returned Checks:** As a courtesy, we do accept personal checks. We do not accept third party checks. Any check that is returned to us for any reason will be subject to a service charge. The first returned check will be charged a fee of $30 or 5% of the face value, whichever is greater, plus any costs we incur because of the dishonored check. The second returned check will be charged a fee of $30 or 5% of the face value, whichever is greater, plus any costs we incur because of the dishonored check. A letter will be mailed to the family and all returned checks plus applicable fees, must be paid by cash, cashier's check, money order, or credit card within 10 days of the receipt of the letter per Georgia la (Section 16-9-20 of the Official Code of Georgia). After a second offense, we will no longer accept checks of your family account.

## Financial Policy

- **Refund Policy:** There are times when overpayments occur, and parents have the option to leave the balance on the account for future out-of-pocket expenses or to have a check issued to them for the amount of the overpayment. Any patient who was self-paid at the time of service and subsequently had insurance coverage retroactively applied to the date of service, resulting in payment from the insurance for that visit, may choose to receive a check for the credit amount or leave it on the account for future visits.

**Administrative Fees:** Listed below are the services for which we charge an administrative fee. Most of these services are time-consuming and cumbersome on staff's time. ***These services are not billed to your insurance company unless otherwise indicated and they are your responsibility***.

- No Show/Missed Appointments Fees
- Sports Forms
- Ear Piercing
- Medical records
- Third Party Medical Records Requests

By signing below, you acknowledge that you have read, understand and agree to abide by Dawson Pediatrics' Financial Policy and pay for any and all medical services your child(ren) receive(s) from Dawson Pediatrics. You acknowledge that if my insurance company refuses to pay, for whatever reason, these fees will become my responsibility.

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| **Parent/Guardian Signature** | **Date** |