

### Office Financial Policy

The doctors of Pediatric and Adolescent Medicine are committed to providing excellent medical care for your child/children. Due to costs associated with quality medical care along with the complexity of insurance policies, billing and collection practices, we have adopted the following financial policies.

1. Registrations are updated annually AND when personal information changes to ensure that our files are current. If your insurance changes, please provide us with your new insurance information as soon as possible.
2. Payment/deductibles and /or co-payments are due at the time of service. A current insurance card must be presented at the time service is provided. If charges are filed incorrectly due to outdated information, the complete balance then becomes your responsibility. Many of our families have Health Savings Accounts (HSA), or Health Reimbursement Accounts (HRA). You will be expected to pay at the time of service until your deductible has been met. We accept cash, check, Visa, MasterCard and Discover.
3. Periodically, your insurance company updates coordination of benefits (COB). The insurance companies must determine whether you have other insurance coverage. If you do not provide your insurance company with this information they may deny claims until proper information is received. You will be responsible to this office for the balance incurred as a result of not providing updated information.
4. Newborn - Most insurance companies allow 30 days to add your newborn child to your policy. Please be sure to complete the required paper work to your insurance company as soon as possible. You will be responsible for any charges incurred that are not paid by your insurance company if you fail to add your newborn child to your policy in a timely manner
5. It is your responsibility to know the details of your insurance plan as well as the benefit levels and amount of office co-pays and deductibles. Please contact your health insurance carrier if you have questions about coverage. For billing questions, you may contact our Billing Office at 859 282 4123, Monday through Friday, between the hours of 8:00am and 3:00pm.
6. **If your insurance is a high deductible or indemnity type plan, the office will file your claim directly with the insurance company. However, a payment in the amount of \$25.00 is required at the time of service. Once your deductible has been met, your co-insurance will be collected at the time of service.**
7. **Additional Fees Incurred:**
  - A \$10.00 fee will be added to your account each time the office co-pay is not made at the time of visit.
  - A fee of \$15.00 will be added to your account for returned checks by the bank, in addition to all bank charges incurred.
  - Prepaid clerical fees of \$25.00 will be charged effective 1/1/2011 for the completion of forms such as Family Medical Leave, etc.
  - A fee of \$5.00 will be charged for the replacement of a form already provided such as Immunization history, school physical forms, etc.
  - Walk-in appointments and appointments scheduled after hours will incur an additional fee.
  - You may be charged a fee for missed checkup appointments and/or consultations without 24 hours notice of cancellation
8. This office retains a collection service when accounts become delinquent. All future "well child" care or checkup appointments will not be scheduled until all outstanding balances are paid in full. The practice may issue a termination of medical care when accounts continue to be delinquent.

If and when my child (children) and/or dependents are over the age of 18 years, I understand my financial responsibility for him/her/them will remain unless I have provided written notification to Alexius M. Bishop, MD, PSC that I will no longer be responsible prior to the rendering of services for said child (children) and or dependent.

The above financial policy will remain in effect until revoked in writing.