

Financial Policy

Beachside Pediatric Associates

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Beachside Pediatric Associates, P.A.

Dr. Lalitha Vadlamani-Simmers

saving lives - making a difference

At **Beachside Pediatric Associates** we strive to provide high-quality pediatric care to our patients. To ensure clear communication and understanding regarding financial responsibilities, we have established the following financial policies. If you have any questions regarding these policies, please discuss them with our practice manager.

Payment: Unless other arrangements have been made in advance by you or your insurance carrier, full payment is due at time of service. This includes all self-pay fees, no show fees, co-pays, and past due balances. We accept cash, check and all major credit cards including Visa, Master Card, Amex and Discover. We do NOT accept postdated checks and returned checks will result in a \$35 charge. Failure to provide the required payment may result in appointment cancellation. Monthly statements will be sent to the guarantor when there is a balance on your account. Failure to respond after three monthly statements may trigger third party collections. Should that become necessary a \$35 processing fee will be assessed on the account and will result in dismissal from the practice. You will then be responsible for all fees due to the collection agency in addition to the past due balance.

Insurance coverage: We participate with various insurance carriers and networks. It is the patient/caregiver responsibility to provide accurate and up-to-date insurance information at each visit. We are not responsible for obtaining or maintaining member ID numbers or knowing what benefits your insurance covers. Our administrators will make a reasonable attempt to research the policy and advise you on your coverage. We are committed to providing the best evidence-based care established on published guidelines and do not base our care on what your insurance covers. In the event we can not verify your insurance you will be responsible for full payment.

In-network policy: For insurance policies in which Beachside Pediatric Associates is participating in-network, an assignment of benefits has been established so that we may bill your insurance directly. The members of these In-network policies will receive their patient financial responsibility portion (deductible & non-covered services) of the bill after the insurance has adjudicated the claim. Co-pays and past due balances are still due at time of service.

Out of Network insurance and self-pay: Patients with no insurance or an out of network insurance will be required to pay per visit the flat fee rates listed in the self-pay fee schedule at time of service. If you have 1 or more out of network insurances, you are considered out of network. If you have an out-of-network insurance with out-of-network benefits, please speak to the office manager to find out if you will be considered self-pay or insurance bill. All self-pay patients are asked to pay the complete balance on the day of service. If you are unable to pay in full on the day services are rendered, then a payment plan option can be arranged by speaking with the office manager.

Coordination of benefits: You must disclose ALL insurances for which the patient is a member, primary insurance, secondary insurance and tertiary. Failure to do so could result in a patient responsibility of 100% of the charges for the visits in question.

Minor Patients: For all services rendered to minor patients, we will look to the adult accompanying the patient for payment, even if the adult is not the responsible party.

Newborns: It is imperative that you add your child to your insurance policy within 30 days. Please do this as soon as possible to ensure your child is covered for all early care. Please ensure that Beachside Pediatric Associates or Dr. Vadlamani-Simmers is set as the primary care physician (PCP) if your child has a HMO/Managed care plan. Any delays in coverage are the financial responsibility of the patient/caregiver. (we advise contacting your insurance company before the date of delivery to confirm the initial period of coverage).

Missed/canceled/late appointments: Appointments must be canceled at least 24 hours prior to the scheduled appointment. Repeated cancellations may result in limitations on your ability to schedule multiple children at once or to schedule appointments during high volume times of service. In most cases a \$35 fee will be charged for a missed (No Call/No Show) appointment. Patients are considered late and may need to be rescheduled if they arrive more than 15 minutes past the scheduled appointment time. Administrators have final say whether a late patient will be rescheduled.

Payment and collections: Our goal is to provide care to your child even if you are having financial difficulty. You can set up a payment plan if you cannot pay your entire balance at time of service. Prepayment plans are also available for future services. Just ask an administrator about the details. If you are unable to pay the entire balance, contact the office as soon as possible to discuss your options.

Unless a prior arrangement with a written and signed agreement has been made with the practice manager, the insurance will be billed and then statements will be sent for any balance after your insurance plan pays its share. Payment is due upon receipt of this balance. If you believe there has been a billing error, please contact the office immediately. Failure to respond to two statements requesting payment may trigger collections action. Should that become necessary, a \$35 charge will be assessed to your account and will result in dismissal from the practice. You will then be responsible for all fees due to the collection agency in addition to the balance owed.

Laboratory & imaging: All in-office lab work and imaging will be sent to the rendering facility along with most recent insurance information we have on file for the patient. Beachside Pediatric Associates, PA is not responsible for verifying if the facility accepts any particular insurance plans. If procedures performed at the facility are not entirely covered by the insurance plan on file, you might receive a bill for all or part of the charges. Beachside Pediatric Associates Pa has no jurisdiction over this process and cannot intervene in the adjudication of these charges in any way.

By signing below I acknowledge that I have read and understood the terms and conditions in this financial policy and agree to be bound by them.

Patient: _____ DOB _____

Name: _____ Relationship _____

Signature: _____ Date _____