

TCP FINANCIAL POLICY

Total Care Pediatrics is committed to provided families with the most cost effective comprehensive medical care possible. In order to provide care in the most efficient manner possible, it is important that parents/guardians understanding and abide by our policies regarding payment for services, insurance filing, appointment cancellations and collection processes.

PAYMENT FOR SERVICES:

- 1.** It is YOUR responsibility to pay your co-pay, co-insurance or deductible at the time services are rendered. Payment may be made by Cash, Debit Card, Major Credit Cards (Visa, Mastercard, American Express, and Discover), or Money orders.
- 2.** WE DO NOT BILL FOR CO-PAYS
- 3.** You are responsible for any charges not covered by your insurance plan.
- 4.** NO INSURANCE or NON PARTICIPATING INSURANCE: If your child has insurance that we do not participate with, or if your child does not have insurance, payment is expected in full is expected at the time of service.
- 5.** PAYMENT ARRANGEMENTS: Payment arrangements/payment plans need to be made PRIOR to the office visit.
- 6.** Any Elective visits may be rescheduled or cancelled if there is a past due balance on the family account that is NOT currently on a payment plan.
- 7.** The adult who brings the child for care is responsible for payment due at the time of service.
- 8.** We DO NOT file secondary insurance for co-payments unless your secondary insurance plan is a Medicaid plan
- 9.** We DO NOT accept checks
- 10.** UPDATED INSURANCE: We will request your insurance information at each visit. It is your responsibility to provide our office with your most current insurance information. Insurance companies have filing limits; if current and correct insurance information is not provided in time for us to file a claim with your insurance provider, the balance for that visit becomes your financial responsibility.

- 11.** If your insurance plan is one that requires a Primary Care Physician (PCP), one of our providers must be on your card. If our practice is not listed as your child's PCP, you will be responsible for all services rendered until the correction is made.
- 12.** If your insurance company requests information from you in order for them to process a claim from us, please provide that information as soon as possible. If you fail to provide the information within thirty (30) days of the request, the balance will be come your responsibility.
- 13.** Past due account balances older than ninety (90) days without a current payment arrangement are eligible for referral to an outside collection agency.
- 14.** If you have a past due account that is turned over to our collection agency, your child(ren) will be dismissed from our practice for non-payment. In order for them to be reinstated to the practice, the collection balance must be paid in full.
- 15.** PLEASE call us promptly if you have a question about your bill. Most problems can be solved quickly and easily. We are happy to work with you to take care of your financial obligations, but it requires communication and cooperation with us.
- 16.** We will collect the co-pays that your insurance company website shows is due at the time of service. Upon receipt and verification of proof that this information is incorrect, you will be issued a refund.
- 17.** We will collect full cash payment for those with high deductible HSA plans, until the insurance company's website it updated to show nothing is due. Upon receipt and verification of proof that the information is not correct, you will be issued a refund.
- 18.** REFUND ISSUANCE: Refunds will be issued within ten (10) business days of verification that a refund is due and confirmation of the amount due.