



## HOMETOWN PEDIATRICS BILLING & INSURANCE POLICY

Our primary goal as providers of health care services to your children is to deliver outstanding clinical care and service. We strive to serve our patients efficiently and effectively. In order to achieve our goals, we request that each parent/guardian do their part in cooperating and adhering to the policies of our practice regarding insurance and payment.

### FULL PAYMENT FOR COPAY IS EXPECTED AT THE TIME OF YOUR APPOINTMENT.

It is the parent/guardian's responsibility to:

- Provide full and complete insurance information (including secondary insurance) to the front office staff so the charges are billed appropriately.
- Advise the receptionist of any changes in address, home or emergency telephone numbers, and insurance coverage at check-in.
- We file secondary insurance as a courtesy. However, if we have not received payment from the secondary insurance within 30 days, the remaining balance may be transferred to patient responsibility.
- Know your insurance plan benefits pertaining to pediatric well and sick visits. Not all services are a covered benefit in all contracts. It is your responsibility to be aware of your insurance company's provisions for payment of office visits, immunizations, well-child exams, and routine annual exams including school, camp, or sports physicals.
- Notify your insurance company and, if appropriate, your employer's human resources department of the birth of a new baby WITHIN 30 days of birth.
- If you are a member of an HMO, choose "Hometown Pediatrics" as your primary care physician.
- In the event that you do not have insurance coverage, please inquire about our reasonably set fees when scheduling your appointment. We offer a 35% cash-pay discount for the total office visit charges IF the balance is paid in full at the time of the visit.
- If you have a previous outstanding balance and have obtained new insurance to cover your current charges, you remain responsible for the previous outstanding balance and may be subject to collection if not paid, despite any new insurance.
- If your insurance coverage makes a partial payment and you are responsible for the balance or if you have any outstanding balance, full payment is expected in a timely fashion, but no later than 30 days from the receipt of your statement. If you must make alternate payment arrangements, please call 417-626-7337.
- If your bank returns a check for insufficient funds, you will be responsible to reimburse us for our financial institution's fee of \$25 per check. The amount of the check in addition to the returned check charge will be due and payable IN CASH should this occur. Also, we may request cash payment for future copays and payments.

We participate with most major insurance companies as well as Missouri Medicaid. However, each company offers many different plans. Hometown Pediatrics may not participate in each and every one. We recommend that you contact your insurance company, prior to making your appointment, to verify that we are a participating provider on your specific plan.

Please contact us if you have any other questions at (417) 626-7337.