

All About Children Pediatric Partners, PC

655 Walnut Street, West Reading, PA 19611

Mailing address: PO Box 6946, Wyomissing, PA 19610-6946

Telephone: 610-372-9222

Web site: www.aacpp.com

Fax: 610-372-0232

Financial, Appointment, and Insurance Information

1. Please bring to every visit your child's

- **Immunization card** - Immunization schedules are changing rapidly with the availability of effective new vaccines. You should keep an up to date copy of your child's immunization record in your important papers. If the immunization record is lost, we will provide a copy free of charge at any time.
- **Insurance card** - help us to minimize charges to you by expediting submission of claims to your insurance company. If we submit an insurance claim on your behalf, you are still financially responsible to this office for any fees not covered or fully paid by your insurance policy. We try to participate with as many insurance plans as possible to allow you to continue care for your child with us. However, some companies require that we reduce our charges by more than 60 %, which is not possible for us!
- **ALL medicines they are taking** - Medication errors can be prevented if we have your current medications in hand.

2. Items which must be paid in full at the time of the visit by cash, check, money order, or credit card:

(Please let us know immediately if you have financial difficulties so that we can work out a plan with you.)

- **Copay:** Must be paid before each visit. We cannot legally see your child unless it is paid.
- **Deductible:** The "insurance year" depends upon when your employer started using the current insurance company.
- Insurance companies may require that you pay the following each year: (*read your policy carefully!*)
 - the first \$250-\$5000 per year of medical expenses per person or family.
 - up to 30% of charges after your deductible is met
- **Non-covered items:** There are items which are not covered by your insurance policy. You are responsible to pay these items in full.
- **Persons with no health insurance:** If you have no health insurance, a discounted rate of \$75 for ill / follow-up visits and \$125 for checkups (everything done at the visit is included in this amount - shots, rapid strep, etc) is available but must be paid in full when you come for the appointment, otherwise our normal charges will apply.
- **Personal copy of records:** Fee is set by the PA state legislature every year.
- We will mail records with your written permission to your next doctor free of charge.
- **Forms:** Free at your child's yearly checkup, otherwise charges apply. Please complete your part of the form in advance. We will try to complete them as rapidly as possible during normal office hours.
 - **Physical forms:** \$15.00 per form
 - **Driver license, work permits, other licenses:** \$5.00 per form
 - **Extra copies of statements, IRS verification letters:** \$15.00 per child payable in advance.
 - **Certain letters composed by our MDs and NPs:** \$25 - \$50.00

3. Referrals:

Can be requested at least 48-72 hours in advance of your appointment through our web site or by a call to our office - press "33" instead of the normal options and leave a message for our nurse.

- We are not permitted to issue referrals after the procedure or specialist visit has taken place.
- Please do not lose your referral. If we must replace it, a charge of \$5.00 may be made for replacing it to cover our extra time spent.

4. Appointments:

We expect you to be on time for your appointment. We strive to take time to listen to your concerns and provide quality, individualized, care sensitive to your needs.

- Please **give us 24 hours notice** if you are not able to keep your appointment. A \$25 charge may be assessed for missed appointments.
- If you are more than 15 minutes late for an appointment you may be asked to reschedule.

5. Credit balances in your account:

- if you have a credit, we shall inform you and send you a refund in the amount of your credit.

6. Financial obligations:

We realize that there are times when full payment is not possible. We do, however, expect you to make some payment at the time of the visit and sign and keep current with a payment agreement stating how you will pay the balance.

- Payments are then expected from you without a bill being sent.
- If the payments are late and a bill must be sent, our costs of generating the bill in the amount of \$5.00 will be added each time a bill is sent.
- If you miss three payments, an additional \$25 will be charged to your account for our costs of collection and you will receive a letter stating that until the bill is paid in full, no further care can be given to your family members.
- In the event that your bill is unpaid for more than 60 days, we reserve the right to charge 2% per month interest to cover our billing costs.

7. Useful terms to read about:

Health Savings Account (HSA) Flexible Spending Account (FSA)

- * I have read the Financial, Appointment, and Insurance Information and agree to these obligations.
- I acknowledge that I have received a copy of this agreement for me to keep as a reminder.

Parent Signature _____

Witness Signature _____

Date copy given to parent _____

Children in family: _____

Rev: 6/10/09