



Financial Policy

Thank you for choosing Glacier Pediatrics (GP) to meet your child(ren)'s health care needs. We are committed to providing the best care possible and appreciate your trust. Please understand that payment of your bill is considered part of your child(ren)'s treatment. The following document is our Financial Policy. Please read it carefully; we will require that you agree to and sign this policy prior to receiving treatment.

I. Responsible Party

- a. GP will gladly submit to your health insurance for the services provided. However, any charges accrued on the account are your responsibility. You will be expected to follow up on any unpaid or incorrectly paid charges, regardless of insurance coverage. We will be happy to assist you in any way we can, but you are ultimately responsible for timely payment of your account.
- b. In divorce situations, the person bringing the child into the office is the responsible party. A divorce decree is a document that involves only you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, GP has no authority to enforce compliance.
- c. You will be responsible for the charges accrued by minor (under age 18) that come into the office unaccompanied, or in the presence of another caregiver (ie. grandparents, baby sitter, friend, etc...)
- d. You will be responsible for charges accrued by minor who have turned 18 until such time as you notify GP in writing, prior to services being provided, that you no longer accept financial responsibility.

II. Billable Services

- a. GP will charge for healthcare services and all follow up services, as well as supplies used for the care of your children.
- b. GP will charge for all scheduled, walk-in, home visits, and after hour appointments. We will also charge for patients who are not scheduled (ie. siblings of a scheduled patient) that the healthcare provider is asked to see.
- c. Occasionally a patient will be scheduled for one type of service but the provider may diagnose and treat another problem in addition to the scheduled service (ie. immunizations, lab work, procedures). GP will charge accordingly.

III. Portion Due at Time of Service

- a. *Unless prior arrangement is made, payment is due at the time of service.* Your payment options are: cash, check, or Visa and Master Card credit/debit cards.
- b. If you have insurance coverage, all co-pays are due at the time of service.
- c. Payment in full is due from self-party patients at the time of service. A 15% discount will be given if charges are paid in full on the date of service.
- d. *Payment is due at the time of service for non-GP patients* (ie. Tourists, etc), regardless of insurance coverage.
- e. Payment in full is due at the time of service if accounts have a history of collections status.

IV. Insurance Coverage

- a. *It is your responsibility to provide accurate insurance information to GP at the time of service.*
- b. GP will create and submit claims to your health insurance on your behalf. However, we reserve the right to refuse insurance and collect payment in full from you (ie out-of-state Medicaid, insurance information provided after claim filing deadlines, etc).

- c. *It is your responsibility to verify benefits and that the health care providers you have chosen are covered under your plan, prior to receiving services. You will be responsible for any non-covered services and services considered to be over "usual, responsible, and customary." You will also be responsible for amounts not paid by your insurance for any reason.*
- d. In a divorce situation, it is your responsibility to provide us with your ex-spouse's correct insurance information, necessary to bill your child(ren)'s visit, not ours.
- e. Your signature on this policy authorizes GP to release health information to insurance carriers when necessary for payment.

V.Statements

- a. Account statements will be sent on a monthly basis for accounts that have balances owing. Payment is due within 30 days of the statement date.
- b. *Statements can only be sent to the responsible party at one address.* We cannot and will not bill to more than one address/party.
- c. It is your responsibility to provide GP with your correct address and phone number. If a statement is returned for an invalid address and no contact can be made with you, your account may be turned over to an outside collections agency.

VI.Past Due Accounts

- a. If you cannot pay your families account balance in full, then *a monthly payment is expected.* Additionally, we require you to stay on top of your *co-payments at every visit*, if you have no co-payment then you must make a payment at each visit.
- b. *Accounts greater than 6 months old with no payment will be sent to a collections agency.* If anyone in your family is sent to collections we would not be able to see you in the clinic until the balance is paid off with the agency

VII.Payment Plan Options

- a. When appropriate and at GP's discretion, GP will offer monthly payment plans to help you manage your health care costs.
- b. We are happy to keep your credit card information on file, for automatic processing
- c. Payment plans are intended to help bring past-due amounts current.

VIII.Credits

- a. Any insurance credits or over-adjustments will be returned to the appropriate insurance company.
- b. Any patient credits or overpayments will either be applied to past-due balances or left on the account to be used for future co-pays and/or deductibles.

IX.Collections

- a. Your account may go to collections for the following reasons that include, but are not limited to:
 - 1. Invalid patient information (address, phone, etc.) which prevents us from contacting you regarding your account.
 - 2. Failure to provide timely, accurate insurance information.
 - 3. Failure to pay patient balances.
 - 4. Failure to follow through with payment plan agreements.
 - 5. Failure to follow through with statement discrepancies, insurance denials or any other items on your account.
 - 6. Failure to follow through with any other correspondence from GP.
- b. GP makes every effort to work with you to keep your account out of collections. However, in the event that your account is referred to a collection agency, you will be responsible to pay your balance before you can schedule

appointments at GP for your child(ren). You will also be required to pay cash or credit (no checks) at each visit and you will be given a super bill to take with you so that you may bill your insurance if you choose.

X. Returned Checks

- a. Checks returned unpaid by your bank, regardless of the reason, will be posted back to your account in the original amount, in addition to a \$25.00 return check fee.

XI. Dismissal from Practice

- a. GP reserves the right to dismiss patients from our practice for non-payment. If you have a history of non-payment on your account, you may be eligible for dismissal.
- b. Missed Appointments: GP is here to meet the needs of you and your family. Our policy is 24-hours' notice on appointment changes. We understand emergencies happen. If an emergency keeps you from keeping your appointment, please contact us as soon as you know you will not be able to keep your regularly scheduled appointment. *Please help us to serve you better by keeping your regularly scheduled appointments. After 3 no show appointments, then we reserve the right to allow your family only same day scheduling.*

XII. Divorced and Separated Parents

- a. Please see Glacier Pediatrics' in-depth '*Divorced and Separated Parents Policy*' to understand our requirements and expectation for families who are divorced or separated. A copy of the policy is in this new patient packet and is available upon request from the front desk.

XIII. Questions or Concerns

- a. If you have any questions regarding your account or need clarification on any of the items listed in this financial policy, please contact Front Desk Staff.
- b. GP Staff are available 9:00 – 5:00 Monday – Friday. You can contact them at (907) 586-1542, by e-mail reception@glacierpediatricsllc.com, or in person at the office.

Thank you for trusting Glacier Pediatrics with the care of your children. We are dedicated to making your experience a positive one, help us help you. Please do not hesitate to contact us with any questions regarding your account, payment options or financial responsibilities.