Fairfield Pediatrics

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FINANCIAL POLICY

Our priority is to provide and maintain a great physician-patient relationship. Providing information about our office policy enables good communication and helps us to achieve our goal.

Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Your current insurance will be verified at every visit so you will be asked to present your insurance card and ID and sign a copy on file. This is your verification of the correct insurance and consent to bill them on your child's behalf.

According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.

We do not submit to secondary insurance plans. If you have secondary insurance, we will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you.

YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT.

Know your Insurance Policy and Coverage

Ultimately, the patient/parent/guarantor are responsible for any and all balances that the patient's insurance is not contractually obligated to pay. All patients should know their own insurance policy and what the policy may or may not cover.

IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.

It is not 'our' responsibility to supply coverage and benefit information to the patient. All insurances are specific as to when a well visit can take place and how many well visits each patient may have within a certain period for younger patients.

Insurances can also be specific to vaccine coverage and any other medical procedure, labs, etc. that may be offered or completed during the visit.

Some insurances may require that you have us 'Fairfield Pediatrics' listed as your PCP on dates that services are rendered in order to have an active billable insurance policy.

Please make sure that the information in the patient chart to be correct and up to date at each and every date of service. We expect a guarantor/legal guardian for patients aged 17 years and under (unless emancipated) and noted duly in the chart.

Patients Without Insurance Coverage

We do understand that sometimes patients are without insurance coverage. For these situations, we do have a self-pay fee schedule that is comparable to the payments that we would receive from the most popular local insurance payors.

These fees are only applied to patients' balances that are truly without insurance.

All encounters/visits for patients without insurance coverage are required to have a credit card held on file prior to the encounter/visit.

All balances must be paid in full after the services are performed. Self-pay patients must have a credit card attached to the encounter and held on file for each date of service prior to services being rendered. A receipt will be sent to the email on file.

The policy for self-pay patients also applies to patients that have a Fund Policy.

Co-Pays & Account Balances

All office visit copays are due at the time of service. The Guarantor is responsible for current copays and outstanding account balances before the next service is rendered. Payment for services are due no later than 30 days after the first statement was received by the guarantor. A 5% interest fee may be applicable to balances over 50 days.

Fairfield Pediatrics will only send out 3 statements after which a delinquent account will be sent to collections. Please contact our office for any billing questions you may have.

Routine Tests& Screening Coverage

In order to provide the highest quality care to our patients, it may be necessary to recommend some tests. However, some insurance companies may not cover the costs for some recommended screenings/tests. **Please note that you will be responsible for costs not covered by your insurance.**

The following is a list of tests or procedures offered in our clinic that may not be covered but not limited to: Rapid Strep, Rapid Flu, COVID, RSV, Urinalysis, Hearing, Vision, Developmental Screenings. Also note that there may be more tests or procedures that may not be covered but are not included in this list.

In addition to the financial statement and bill you receive from Fairfield Pediatrics, you may receive a bill from other health care facilities, laboratory facilities, or diagnostic imaging facilities for professional services rendered. These other services do not involve the direct care received from this practice and they have the right to bill you directly or your insurance company for payment of such services.

Responsible Party Information

The parent/guardian who initiates the account will be set as the Responsible Party. Statements will be sent to the Responsible Party's address. If the responsible party refuses to comply with payments and other adults are listed in the account who have been labeled as parent or legal guardian, they will be held accountable for the balances. If neither comply and there are other adults that have been given consent to bring the patient in, those adults may be held responsible for each visit they have brought the patient in for.

Please note that Fairfield Pediatrics does have the right to retain individual credit card information within our secure software and also has the right to charge this card with any remaining unpaid balances prior to the next patient appointment as noted in our policies as listed above.

Cancellation Policy

We ask that you give us at least a 24hr notice before cancelling your appointment. Any notice less than 24hrs to the set appointment may incur a $40.00 fee. Any appointment made within 2 business days is considered to be a confirmed appointment. If this appointment is cancelled or rescheduled after the appointment is made, this may incur a $40.00 fee.

There is a grace of 15 minutes for your appointment after which a patient is considered late and the appointment may need to be rescheduled at the discretion of the physician. A charge of $40.00 may be applied as the appointment is considered as a "No Show".

Use of Telemedicine, Phone, and Email Health Services

Fairfield Pediatrics offers telemedicine through video and audio conferencing e-visits with a provider, telephone services and email or web encounter communications with our front desk and health care staff.

I understand that I am consenting to the use of these services in order to coordinate my child's health care and I agree to any fees associated with these services.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name(s)_____

Responsible party member's name _____

Responsible party member's signature _____

Relationship _____

Date _____