



NAP, LLP

Financial Consent

Northampton Area Pediatric (NAP) is committed to providing the highest quality health care for our patients. As part of your relationship with NAP a clear understanding of our financial policy is important so you will know what actions NAP will be undertaking on your behalf as well as what your financial responsibilities are.

Minors: As advocates for our young patients, NAP will not intervene in any custody disputes or financial responsibility disputes between parents or other responsible parties. NAP will send patient statements to the address provided as the patient's primary residence. NAP will not look to more than one party to fulfill financial responsibility. Please note: Individual receiving the patient statement may not necessarily be the insurance subscriber (particularly if the insurance subscriber does not reside at the patients' primary residence).

18+: When a patient turns 18, he/she will become the financial guarantor of the account, per Massachusetts law.

Health Insurance: Your health insurance policy is a contract between you and the insurance company. You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs.

You are required to:

- present your insurance(s) card at every visit
- inform us as soon as possible if your insurance carrier changes and provide us with a copy (front and back) of your new card
- Due to filing limits we will not be able to process a visit to insurance if that insurance information is provided to our office more than 60 days from the date of service.

Co-Payment: Co-payments are a contractual obligation between you and your insurance company. All insurance companies require that all co-pays **are payable at time of service**. NAP reserves the right to charge a \$20.00 fee for processing of co-pays received after your visit. To avoid this surcharge, contact your pediatrician's office within seven business days of your visit to make payment.

Balance Billing: There are times when your insurance does not cover a charge. NAP reserves the right to bill you for any allowable non-covered charge, otherwise known as balance billing.

Failure to Pay an Outstanding Balance: Our office will make every effort to communicate with you about your account and will present reasonable options for payment. In the event a bill goes unpaid without you contacting our billing department to discuss payment options, the account will be turned over to a collection agency.

Well Exam / Annual Physical: *A preventive health exam is an Annual Physical during which your primary care provider will:*

- 1) Ask you questions about your health
- 2) Do a physical examination
- 3) Give you advise about how to prevent health problems
- 4) Take care of **minor** health problems or a chronic illness that has **not** changed.

During Well Exams, NAP may perform vision, hearing, developmental, and other healthcare initiative screenings as recommended by the American Academy of Pediatrics. When performed, they are charged to your insurance in addition to the well child exam. NAP reserves the right to balance bill for any tests if your insurance does not cover them.

During the visit, the provider may need to treat a new medical issue, a chronic problem that has changed or, if due, perform a periodic med-check to monitor therapeutic medications such as for ADHD, anxiety or depression (every 3-6 months). If that occurs, this part of the visit is called a "**Sick Visit**" and may result in additional services being billed to your insurance. Most insurance companies will pay for sick visit evaluations, tests, and treatment, but your insurance plan may require you to pay a co-payment, deductible, and/or co-insurance payment for the sick visit, even when it is done during the same appointment as your annual physical.



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After Hours Charge: There is a charge to your insurance for services rendered on holidays, after 5pm, and weekends. Benefits related to this service vary by insurance company. The majority of carriers reimburse this service without patient responsibility. If you have a High Deductible Health Plan (HDHP) that applies office visits towards deductible, your insurance may apply this additional charge toward your deductible. This charge will not exceed \$50.00, in addition to the basic service.

Appointment Tardiness: If you are 20 minutes or later for your appointment NAP reserves the right to reschedule your appointment to a later date or time. We will attempt to make accommodations for the same day depending on provider availability, which may require being seen by a different provider/location and/or additional wait time.

High Deductible Health Plans (HDHP) (HSA, HRA, FSA participants): Let us know if you are in a High Deductible Health Plan (HDHP), and/or have a Health Savings Account (HSA), a Health Reimbursement Arrangement (HRA) or a Flexible Spending Account (FSA). HDHP plans have the effect of shifting liability from the insurer to the insured. You should be prepared for significant out of pocket expense. We will bill your insurance plan first. If there is any remaining amount, we will send you a bill. Payments for these balances are due upon receipt of your billing statement. HDHP's are not eligible for budget plans, so please plan accordingly.

Uninsured / Self-pay / Financial Hardship: If a patient is either uninsured, we are not listed as the primary care physician on the insurance or presents with an insurance plan that we do not participate with, **payment will be due at the time of service**. NAP provides a discount to patients who pay for services at the time of service, thereby avoiding billing and collection costs by the practice. Discounts are not offered to insured patients where NAP is contractually required to accept a specific fee schedule. However, we do everything we can to mitigate the expense of anyone who is under/uninsured or who may be experiencing a financial hardship.

Responsibility for Payment related to Motor Vehicle (MVA) or Worker's Compensation (WC): NAP will not bill any visit, related to a motor vehicle accident or worker's compensation injury, to your medical health insurance. It is your responsibility to provide our office with the MVA/WC information, including but not limited to Carrier, address, date of loss and claim loss number. If you fail to provide this information, you are responsible for payment of all services provided by your pediatrician.

Returned Checks: NAP accepts personal checks as a form of payment. Checks that are returned from a bank for non-payment of any reason will incur a fee of \$20.00 plus the amount of the check. If the patient has two returned checks in a 12-month period, they will be placed on a cash or credit card only basis.

By signing electronically, I accept and agree to the above Financial Consent. I am aware that I will be considered the "Financial Guarantor" and will be responsible for any patient balances.

We welcome the opportunity to discuss any aspect of our financial consent policy. Please ask to speak with the Billing Manager if you have any questions, comments, or concerns. We thank you for your support and look forward to serving you in the future.

*** Do not sign if you are not the legal parent and/or legal guardian of a minor child seeking services.**

FINANCIAL CONSENT (HIPAA and Physician Consent to Treat documents) HAVE BEEN ACKNOWLEDGED AND AN ELECTRONIC SIGNATURE HAS BEEN OBTAINED IN OUR ELECTRONIC MEDICAL RECORDS SYSTEM (EPIC).