

# **Springville Pediatrics**

*25 East Main Street  
Springville, NY 14141  
Phone (716) 592-2832  
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## ***Financial Policy***

The physicians and staff of Springville Pediatrics are dedicated to providing the best possible care and service for you. We would like you to completely understand the following payment policy.

**All co-payments and past due balances are expected at the time of service.**

### **Cancellation of an Appointment**

The patient is requested to notify our office at least 24 hours in advance if you need to reschedule or cancel an appointment. We will charge \$25.00 for missed appointments, no-shows or late cancellations. Patients who miss two appointments in a 12 month period may be asked to find a new physician.

### **Payment Due at time of Appointment**

Payment is required at the time services are rendered. This practice accepts cash, money order, personal check, Visa, MasterCard and Discover. There is a service charge of \$30.00 for returned checks. If you have a past due balance, any amount paid will be applied to past due balance first. We are able to offer a slightly discounted rate for patients with no insurance who pay at the time of service.

Patients with an outstanding balance of 120 days overdue must make arrangements for payment prior to scheduling appointments. These accounts will be turned over to a collection agency unless prior arrangements are made with our billing service. We realize that there may be financial difficulties; our billing service can work with you to set up a payment plan.

### **Insurance Plan Participation**

Springville Pediatrics participates with most major health insurances in the WNY area. We do participate in Medicaid and most Medicaid managed care plans, however we do NOT participate in Medicare, which is usually for adults. It is the patient's responsibility to be aware of their insurance coverage, policy provisions, authorization requirements, as well as whether the providers in this practice are participating network providers, if applicable. **Please notify our office immediately of any change in insurance coverage. Please bring your insurance card to all appointments.**

Patients are strongly advised to contact their insurance carrier to be certain that one of our physicians is listed as their primary care physician (PCP) prior to scheduling an appointment. Also, some out of area plans do not allow for payment provided by mid-level providers, such as nurse practitioners and physician assistants. It is the patient/parent's responsibility to know of these restrictions.

We bill non-participating insurance companies as a courtesy to you. If we have not received payment from a non-participating insurance company within 60 days of the

date of service, you will be expected to pay the balance. We will provide you with all necessary information for submitting claims to your insurance company.

### **Small balances**

Statements will not be generated for account balances less than ten dollars, you will be asked to make payment when you arrive in our office.

### **Overpayment on Account**

Occasionally there is an overpayment on an account. Sometimes a co-pay may be collected and then it is determined by the insurance company that it was not needed. This may remain as a credit on a patient's account. If credit is not used for future services, it will be refunded to the patient. Refunds will not be issued for amounts of \$5.00 or less.

### **Workers' Compensation**

We currently are not seeing patients for visits covered under Workers' Compensation. Please let us know before a visit if the reason for concern is related to employment or work-related injury.

### **No Fault/ Motor Vehicle Accident visits**

If your visit is related to injuries as a result of an automobile accident, you must supply the following information at the time of the visit.

1. No fault automobile insurance information from the vehicle you were in at the time of the accident.
2. Policy holder information
3. Date and type of injury

Failure to supply this information may result in the patient being responsible for the charge incurred from this care.

### **Completion of Forms**

We reserve the right to charge for completion of forms at our discretion. Please bring forms with you at the time of appointment whenever possible. Please fill in your part of the form as much as possible prior to your appointment.

### **Custodial Parent Responsibilities**

The custodial parent is responsible for payment at the time of service. The office does not get involved in the financial arrangements between separated parents of a child. It is the obligation of the parents to work out an agreement themselves or through the courts. We will be happy to supply the accompanying parent with a receipt as needed to get reimbursement from the other party.

### **Billing Questions**

All billing questions should be directed to our billing service. 716-639-0155. Their staff will be happy to assist you with questions and payments. Alternately, you may call our office number at 716-592-2832 and speak to our billing liaison at extension 325.

I have received the financial policy of Springville Pediatrics, LLP

Patient name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signed \_\_\_\_\_  
Patient/Parent/Guardian

Date \_\_\_\_\_