



PATIENT FINANCIAL POLICY, ASSIGNMENT OF BENEFITS AND CONSENT FOR TREATMENT

Thank you for choosing Boston Children's Health Physicians (BCHP) as your health care provider. Please be assured that the health of our patients is of the utmost importance to us. We thank you for taking the time to review our policies. Your understanding of our Financial Policy is important to our professional relationship with you. Please feel free to ask any questions or share any special concerns that you may have.

Your insurance benefits are determined in the contract between you and the insurance company, and it is important that you understand and follow the requirements of your specific insurance policy.

Co-Payments/Coinsurance/Deductibles

Your specific insurance plan determines the amounts you may be required to pay. Our contract with your plan and applicable laws prohibit us from discounting or waiving co-payments, deductibles, or co-insurance for visits and procedures. Co-pays are required at the time of every visit and BCHP accepts cash, check or credit card as payment.

Some insurance plans may require an additional co-pay for additional services performed at your appointment. If this is required by your insurance, we will require the additional co-payment at the time of service. If you have any questions regarding the additional co-pay requirement, we suggest you contact your insurance carrier to review your plan details.

Credit Cards

For your convenience, BCHP utilizes a credit card processing system which allows us to keep your credit card on file securely. This is not required for treatment. If you give us your credit card to use for payment unless you advise us otherwise, we will charge your card for amounts due after taking into account payment by your health insurance. The use of a credit card on file and/or credit card preauthorization is a convenience that you may elect to utilize and is not a condition to treatment. By using a credit card to pay for medical services, you acknowledge that medical bills paid by credit card are no longer considered medical debt and you are thereby giving up state and federal protections regarding medical debt. These protections include prohibitions against wage garnishment and property liens, prohibition against reporting medical debt to credit bureaus, and limitations on interest rates.

No Show / Late Cancel Policy

A \$40 surcharge will be applied to your balance if you (or your dependent) do not arrive for an appointment and do not cancel 24 hours prior to the scheduled visit, if a non-Medicaid beneficiary.

Insurance

We will require a copy of your (or your dependent's) insurance card for our files. It is your responsibility to inform us of any change in your insurance coverage.

You are responsible for all charges and we will bill your insurance carrier on your behalf. If your insurance carrier requests other information from you, such as evidence of coordination of benefits (if you / your child may be covered under more than one insurance policy), they will not reimburse our office until you provide the information. To ensure prompt payment and unnecessary charges to you, you must comply with their request in a timely fashion.

You are responsible for all charges. Insurance carriers require that newborn infants are enrolled within 28 or 30 days of birth. To ensure unnecessary charges to you, you must enroll your infant within 28 or 30 days of birth.

Participating Plans

BCHP participates in most insurance plans. In order to properly bill your insurance company, we require all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient / guarantor responsibility for the entire bill. It is the insurance company that makes the final determination of your eligibility and benefits and you are responsible for any co-insurance, deductibles, or non-covered services not paid by your insurance.

Non-Participating Plans

If we are out of network for your insurance and your insurance will be paying you directly, we expect payment at the time of service unless other arrangements have been made prior to the visit.

Referrals and Authorizations

For the insurance carriers with whom BCHP is contracted, it is our policy to implement and follow the referral and prior authorization guidelines set by the carrier. We will make every effort to inform you of your insurance requirements, however, it is ultimately your responsibility to know and understand what is required by your specific policy.

Specific information regarding authorization requirements can be found in your policy benefits, but if you have questions, please reach out to the member services number printed on the back of your insurance card. When a referral or prior authorization is required (i.e., when you need to see a specialist), you must obtain one from your assigned Primary Care Physician (PCP) or by calling the member services department on the back of your insurance card, prior to your appointment. Many plans require authorization to see a primary care physician other than the primary care physician already on file with your plan.

If the authorization is not provided, you may be asked to reschedule your appointment until one is obtained or to call your carrier before you are seen. Failure to follow insurance guidelines may result in you being financially responsible for the full charges for services rendered.

Self-Pay

Payment is expected at the time of visit unless other arrangements have been made with the office manager prior to the visit.

Annual Visits

Before making annual physical appointments, it is your responsibility to check with your insurance company regarding whether the visit will be covered as a well visit. Not all plans cover annual physicals.

Preventative wellness visits are almost always covered 100%. These routine visits are age-based as follows: first newborn visit, then 1, 2, 4, 6, 9, 12, 15, and 18 months of age, then annually starting at age 2. Some insurances will also cover a 2.5 year well visit – please contact your plan directly to ensure coverage. Visits outside of these anticipated wellness visits are considered an “evaluation and management” visit per your insurance provider and may have out-of-pocket costs.

It is not uncommon for patients in the course of a routine wellness visit to receive evaluation and management service for a separate and specific problem, as well as routine/preventative services. For example, your child is seen for a routine visit and the doctor discovers an ear infection or your child has behavioral issues that require care coordination. Both services must be reported to the insurance company and may result in an additional co-payment or charge per your insurance contract.

Non-Covered Services

We pride ourselves on providing exceptional, state-of-the-art medical care and extended services for our patients. We offer many health screenings that are recommended by the American Academy of Pediatrics and our providers. Some insurance companies choose not to pay for recognized service codes and apply these services to a patient's deductible.

Any non-covered service is your responsibility. This can include but is not limited to form completion / processing fees, hearing screens, vision screens, lab work, and developmental screening; even when they occur at a well visit. If not covered, you will be responsible for those charges according to your benefits plan. Plans differ within each insurance company, so it is impossible for us to know what routine health screenings your plan will or will not cover.

Off Hours / Weekends / Holidays

There will be an additional charge / code submitted to your insurance company for patients seen on Saturdays, Sundays, federal holidays, and after 6:00 p.m. on weekdays. We are required by law to report all of the charges for services provided. Some insurance companies cover the charge in full, and others assign all or part to the patient. If you have any questions about your specific plan's coverage, please discuss it with your insurance company. As plans within the same company differ, it is impossible for us to know in advance if there will be any patient responsibility.

High Deductible Plans

For high deductible insurance plans, we may require a deposit towards your policy deductible requirements. You will receive a statement for any outstanding balances owed for services provided.

Divorce / Separation

BCHP is not a party in divorce or separation decrees, or in child support arrangements. We bill one guarantor at one address. We do not handle billing or insurance coverage disputes between parents. In situations of divorce or separation of parents or guardians, the individual bringing in the child for services will be held financially responsible for any unpaid charges on the account.

Financial Hardship

We realize families may experience financial difficulty from time-to-time and we want to always be here to care for your children. Please contact our office manager to discuss payment options.

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**ACKNOWLEDGEMENT OF PATIENT FINANCIAL RESPONSIBILITY
ASSIGNMENT OF BENEFITS, AND CONSENT FOR TREATMENT**

I acknowledge that I have read the above and am responsible for services rendered by Boston Children's Health Physicians, LLP. I understand that I am responsible for prompt payment of any portion of the charges not covered by insurance. I understand that co-pays are due at time of check-in. Adolescents who come alone should be prepared to settle their visits at the time of service.

I authorize BCHP to release information to Medicare/other insurance carriers responsible for my or my dependent's care. I request that payment of authorized Medicare/other insurance company benefits be made either to me or on my behalf to BCHP for any services rendered.

I authorize my insurance company to pay and mail directly to BCHP all medical benefits for payment of services rendered. I also authorize BCHP to endorse any checks received on my behalf for payment of services provided. I hereby irrevocably assign to BCHP all benefits under any policy of insurance, indemnity agreement, or any collateral source as defined by statute for services provided. This assignment includes all rights to collect benefits directly from my insurance company and all rights to proceed against my insurance company in any action, including legal suit, if for any reason my insurance company fails to make payment of benefits due. This assignment also includes all rights to recover attorney's fees and costs for such action brought by the provider as my assignee.

I have voluntarily presented for medical care and consent to such medical care and treatment including any diagnostic procedures and tests that the physician(s), his or her associates, assistants and other healthcare providers determine to be necessary. During treatment, I understand and acknowledge that no warranty or guaranty has been or will be made as to the result or cure of treatment. I have the legal right to consent to medical treatment because I am the patient, or I am the parent/guardian of the patient.

Patient Name (printed)

Date of Birth

If a minor, Name of Parent / Guardian (printed)

Signature of Patient **or** Parent / Guardian

Today's Date