

# Harpeth Pediatrics

## Financial Policy

Thank you for selecting Harpeth Pediatrics. We know that the insurance process can be confusing and frustrating. That is why we are happy to help you understand your insurance benefit coverage, the billing process, and the various payment responsibilities. We have developed this information sheet to explain to you what you can expect.

### **Co-payments, Co-insurance, and Deductible**

Applicable copays, unmet deductibles/co-insurance deductibles, and non-covered services are due before services are rendered. To ensure that we are charging the allowable amount we will perform a claim estimate from your insurance carrier and collect accordingly. Your liability or estimated payable amount will be discussed with you prior to services rendered if possible. The parent that brings the child is responsible for payment. We accept Cash, American Express, Discover, Visa, MasterCard, and checks. To pay your bill online, go to [www.harpethpediatrics.com](http://www.harpethpediatrics.com).

### **Filing an Insurance Claim**

If Harpeth Pediatrics is a participating provider with your health plan, we will file the insurance claim directly after each visit. If we are *not* a participating provider with your insurance plan, we ask that you pay the full amount at the time service is rendered, and you will be considered self-pay. We verify and confirm insurance coverage before every visit; therefore, it is necessary to keep current copies of your insurance card on file. If you fail to present a current card or insurance information, then you will be responsible for payment in full at the time of service. If you are unsure of coverage or have not yet received new cards and cannot provide the information needed to verify, then full payment is expected. Since your insurance policy is a contract between you and your insurance company, the parent/guardian is always ultimately responsible for payment. We do NOT participate in any TennCare plans (primary or secondary); therefore, TennCare will not allow us to see you as a patient.

### **Well Check Appointments**

Well-check appointments – we focus on Health and Wellness; Concerns take more time and may need to be a separate visit. If these are done at the same visit, you will be billed for both a well-check appointment and a problem/sick appointment. **However, please note that this may result in your insurance plan determining that the visit is subject to additional charges, such as copayment, deductible, and/or coinsurance.**

### **Non-covered services/Self-pay**

There are some services we provide which may not be covered by your insurance policy. Each plan is different, and it is your responsibility to understand your benefit provisions. This includes covered and non-covered services and in-network providers. Not all well visits cover certain vaccines and ancillary services. We do our best to verify full benefits before the visit, but some insurance companies do not have that information available. If we confirm that a service is non-covered, we will collect payment at the time of service. Our standard of care does not change because of insurance companies, instead, we follow American Academy of Pediatric guidelines. We will do our best to notify you of prices and options before service is rendered. If you do not have an insurance policy, we ask for payment in full at the time of service. We offer a discount for self-pay visits but can only offer this discount if paid at the time of service. Please see our front desk staff for discount information regarding self-pay payments.

### **Referrals/Prior Authorizations**

If your child is referred to a specialist for x-rays, or any other type of service please refer to your policy regarding procedural and payment requirements. Some policies require prior authorization prior to a procedure. If this is the case, please contact our office so that a Prior Authorization can be processed. You should also make sure that the provider you will be seeing is included in your network, and we will do our best to refer to in-network providers but can't guarantee that the referred provider will be in-network for your policy. Please contact your home plan for further information and instruction.

## After Hours Appointments and Billing

We provide after-hours Telehealth appointments. Some insurance policies cover this service, but not all. Please verify with your insurance policy guidelines before making these appointments or you can self-pay for these appointments.

### Billing the patient

Once we receive the final payment/explanation from your insurance plan, the full billed amount is due immediately. As soon as we receive a payment explanation the information will be applied to your account and our front office staff will ask for payment if you are in our office or via phone calls regardless if a statement has been mailed or emailed. This helps keep our costs down and ensures timely payments. Patients generally receive direct notification from insurance companies 5-7 days before we do. We will submit statements via email, mail, or will hand you a statement in person. Statements are generated weekly, and payment is due in full within 10 business days. If you would like to make payment arrangements, please contact our in-house billing department. Failure to pay will prompt further collection actions such as referring to an outside collection agency or termination from the practice. Once an account is submitted to collections a separate agency fee will be applied and is contingent on the amount of your balance. You will also be responsible for any court costs applied to your account if assessed by the collection agency. Lack of payment without arrangements or communication will also affect the continuation of services such as well visits.

### No-Show and Cancellation Fees

If you are unable to keep scheduled appointments, we ask that you contact our office immediately and there may be a \$25 No Show Fee if you miss your child's appointment or cancel with less than 24 hours notice. This fee is due within 10 business days.

### NSF Fees

If your check, HSA, or Credit Card is returned due to non-payment you will be billed a \$35 NSF fee and the original balance amount. Going forward only cash and credit cards will be accepted for payment. Payment is due in full within 10 days of such notice.

### Billing Questions

Our billing department is always willing to help with any questions that you may have. Please call us at 615-771-2656, extension 201. You may also message us directly by going to our Patient portal at [www.harpethpediatrics.com](http://www.harpethpediatrics.com).

Your signature below demonstrates that you understand our billing process and your financial responsibilities as our patient. If your insurance company does not pay, you agree to pay us directly, according to plan contract guidelines. If satisfactory payments or agreements are not made on your account, it could be sent to an outside collection agency. In that event, you agree to pay applicable attorney fees, collection fees, court costs, and/or litigation fees.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Patient (if 18 or older)

\_\_\_\_\_  
Relationship to Patient