

Leawood Pediatrics Financial Policy Updated: June 21, 2021

Thank you for choosing Leawood Pediatrics (LP) as your family's pediatrician. We are honored by your choice. We strive for effective communication and we wish to inform you of our policies as they pertain to payment for services rendered. Please review this document and then sign to acknowledge your understanding of our financial policies. Should you have any questions, our office staff will be pleased to help you. We value our relationship with you and pledge to serve you with the highest quality of care.

Patient Information

All LP patients' complete patient registration forms on an annual basis. This means that every year you will be required to read and sign all financial policies and agreements for every patient. Every child is an individual patient.

Insurance Plans

It is your responsibility to know if Leawood Pediatrics is an in-network provider with your insurance plan. If you have an insurance plan for which we are a participating provider, we will submit your claims as per our agreement with your insurance company. Although we may be a participating provider with your insurance company, there are still times when claims are denied by your insurance company. For concerns regarding any coverage issues, please contact your insurance company for verification. You will be billed for your responsible portion when they have responded to our claim.

It is your responsibility to give us your insurance card at each visit (if requested). We will not be able to file your claims without a copy of your current insurance card. It is extremely important that we have the correct insurance information at every visit. Failure to notify us of any changes within 30 days of your visit may result in a denial of your insurance claim, at which time all charges would become your responsibility. If you do not have a current insurance card with you or do not have insurance, you will be billed for the entire amount and responsible for payment at the time of service.

It is your responsibility to verify that all requirements of your insurance plan are met. We will assist you with pre-certification for procedures ordered by our office, but it is ultimately your responsibility to verify whether any care you receive is covered by your insurance plan. This office is not responsible for the expense of treatment which is not paid by your insurance. With continuous changes in coverage, it is important for you to verify your benefits and be aware of all restrictions and expenses of your plan.

It is your responsibility to know if Leawood Pediatrics is an in-network provider with your insurance plan. If you have an insurance plan for which we are not a participating provider, you will be responsible for full payment of all charges you have incurred at the time of service. At this time, we are not a Medicaid Provider and are not contracted with Ambetter Insurance.

Insurance Claims

Primary Insurance: Submission of claims to your insurance company is dependent upon your submission of proof of insurance (i.e. your insurance card) to us. In the event, you have insurance coverage but cannot provide documentation, payment is due at the time of service.

Secondary Insurance: Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days of filing, the responsibility will be transferred to the patient and due upon receipt.

Co-Payments, Deductibles and Outstanding Balances

Patient balances are due immediately and are not contingent upon receiving a statement. Insurance companies provide an explanation of benefits (EOB) to inform patients of their financial obligation to our office. EOBs serve as confirmation of any amount due to us. When applicable, all copays, co-insurance and deductibles are due at the time of service and will be collected at check-in. All payments are posted to the oldest outstanding balance.

Collecting on Accounts

You will receive a statement from LP for all balances unless you elect to participate in the credit card on file program. More information can be found on this below. Any charges remaining unpaid sixty (60) days after the date of service are considered past due. If no effort is made to pay the balance due by ninety (90) days, the account will be placed on hold and will be sent to collections. In this situation, the responsible person(s) will be required to seek medical care for their children elsewhere. If you have questions regarding your bill, please contact our Office Coordinator or Office Manager. Accounts with outstanding balances over ninety (90) days will be turned over to a Collection Agency. Once an account has been turned over, we will no longer provide medical care to any family members that are under your account.

Credit Card on File

For your convenience, you may elect to keep a credit card on file. If you choose to utilize this option, your card will be automatically run between the 20th and 30th of each month for all balances. You will not receive a statement if you have an active card on file. You will receive an electronic receipt from LP. Insurance EOB's serve as confirmation of any amount due to our office. If you would like a copy of your statement, please contact billing at 816-318-9400. If you receive a statement, the card on file is either invalid or is not on file for every dependent.

Returned Check Fees

There will be a \$30 returned check fee added to your account if our bank returns your check to us. Thereafter, cash or credit card will be the only acceptable forms of payment.

Missed Appointment/Late Cancellations

Failure to appear for a scheduled well visit/physicals or cancelling less than twenty-four (24) business hours in advance will result in a \$75 charge. Sick visits that are missed or cancelled less than four (4) business hours in advance will result in a \$30 charge. Arriving late to your appointment could result in a reschedule of your appointment as well as a no show fee. Missed appointments and appointments cancelled represent a cost to our office and to other patients who could have used the time set aside for your child. Please call ahead to make any scheduling changes you need. If two appointments are missed in a twelve-month period per family, you will be sent a notification letter. If three appointments are missed within a twelve-month period per family, you will be dismissed from the practice.

Forms/Immunization Records

It is your responsibility to bring the required forms to your child's well visit where they will be filled out without any additional charge. If forms are requested outside of a well visit they will be assessed a \$10 fee and require a 7-10 business day processing from the date of payment. Should you need to rush any of these forms there is an additional fee of \$15 for 48-hour processing from the date of payment. Complex forms such as guardianship, FMLA, and social security benefit applications will be assessed a \$40 fee and will be completed within fourteen (14) business days from date of payment. These cannot be done on a rush basis. You may request immunizations records at no charge. As a reminder, the forms process cannot be started until we have the blank form, the completed request form, and payment. Therefore, the completion time frame is not considered to have begun until we have all three items.

Medical Records

If you require us to transfer your records to any source other than a referral, there will be an upfront fee of \$25 to obtain those records in electronic format. There is no cost to provide records to your specialist or to copy immunization records.

Additional Charges

Charges may be incurred for completion of any forms not related to insurance claims processing and for phone consultations and/or after-hours calls requiring consultation, diagnosis, treatment, or prescriptions.

Financial Policy Acknowledgement

By my signature below, I authorize Leawood Pediatrics personnel to communicate my protected healthcare information and account information by mail, phone, answering machine message, text, and/or email according to the information I have provided in my patient registration information. I have read, understand, and agree to the provisions of Leawood Pediatrics Financial Policy in full, as evidenced by my signature below.

Signature of Parent/Guardian

Relationship

Date