

Financial Policy

Thank you for choosing PrimeTime Pediatrics (PTP)/PrimeTime Urgent Care (PTUC) to care for you and your family today. Please understand that payment of your bill ensures the practice remains financially healthy and stable so that we may continue to provide care for future patients. If you have any questions regarding this financial policy, please do not hesitate to speak with management. We will be glad to assist you.

1. **INSURANCE COMPANY:** PrimeTime Pediatrics (PTP) and PrimeTime Urgent Care (PTUC) are currently in-network with most commercial insurance plans. It is the responsibility of the patient, however, to determine if the doctor you are seeing is in-network with your insurance company. Be sure to contact your insurance company to verify that we are in network with your current policy. We depend on you to provide us with correct insurance information so that we may file your claims appropriately. If you provide us with incorrect information and your insurance company denies payment you will be responsible for all of the resulting charges.
2. **PAYMENTS:** You are financially responsible for the cost of your care. If you have a copayment due, your insurance company requires us to collect it at the time of service. This is due from the patient or from the parent/guardian, in the case of a minor.
3. **PROOF OF INSURANCE:** PTP/PTUC must obtain a copy of your driver's license and current valid insurance information. If you are unwilling or unable to provide your ID information or current insurance information, your visit shall be paid in full by you at the time services are rendered.
4. **NEWBORN INSURANCE:** When a child is born, we understand that it may take time to have that new bundle of joy added to your insurance policy. Please contact the office as soon as your child's insurance is activated. After 30 days you will be responsible for any balances that are not paid by insurance.
5. **CLAIMS SUBMISSIONS:** We will submit your claims or assist you in any way we reasonably can to help get your claims paid. Please be advised that this is a courtesy provided by PTP/PTUC rather than a responsibility. Your insurance company may need you to supply certain information to them directly. It is your responsibility to comply with their request.
6. **COVERAGE CHANGES:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. In the event that valid information is not provided to our office in a timely manner, PTP/PTUC will not be held to timely filing requirements by your insurance company.
7. **DIVORCE AND SEPARATION ISSUES:** In the case of a divorce or separation, it is imperative that we be notified as to who has primary responsibility, including financial responsibility, for the care of your children. The person with primary responsibility for the children will be responsible for payment of all charges not paid by insurance unless we are notified otherwise. Proof of responsibility may be requested in the form of copies of the divorce paperwork. It is the parents' responsibility to work together to ensure that all charges not paid by insurance are paid in a timely manner. We will not get involved in how these charges are allocated between parents/guardians.
8. **RE-BILLING FEES:** The policy of PTP/PTUC is to provide your first billing statement as a courtesy. After the first billing cycle, if payment has not been made in full, a re-billing fee may be applied to the account in the amount of \$10. This re-billing fee will be added to each statement thereafter if no payments are received.

9. **COLLECTIONS:** Delinquent accounts that are greater than \$60 and 60 days past due will automatically be sent to the first phase of our collections process. If the balance remains unpaid, your family may be permanently dismissed from the practice and the balance turned over to a collection agency. If this occurs, an additional fee of up to \$100 may be added to your account. This will not be covered by insurance. You will be responsible for this cost.
10. **STORAGE OF INFORMATION:** By default, PTP/PTUC does not store payment information such as Credit Card Numbers or Bank Account numbers. When making payments through our online system, you may be given the option to save payment information on file with the credit card processor. This information is stored with the processor (authorize.net) and is not accessible by PTP/PTUC. This is done in an effort to maintain best practices with regards to handling financial information. This feature is offered to simplify payments in the future and is optional.
11. **OTHER SERVICES:**
 - Immunization records will be prepared within 48 hours and are at no charge to you.
 - Requests for medical records and specialized reports will usually be completed within 5 days and will incur a charge of \$25, or as allowed by law. Some insurance companies may not cover this expense. In this case, it is the responsibility of the parent/guardian to pay for this charge.

Financial Responsibility:

With the exception of copays and self pay which are due at the time of service, who is financially responsible for any bills that may occur due to deductibles, coinsurance, or balances that insurance may deem to be the patient's responsibility?

Full Name: _____ Date of Birth: _____

SSN: _____ Relationship to patient: _____ Phone: _____

Address (street/city/zip): _____

Insurance Information:

Primary Insurance: _____ Secondary Insurance: _____

Policy/Plan Number: _____ Policy/Plan Number: _____

Group Number: _____ Group Number: _____

Name of Policy Holder: _____ Name of Policy Holder: _____

Policy Holder DOB: _____ Circle: M / F Policy Holder DOB: _____ Circle: M / F

SS# of Policy Holder: _____ SS# of Policy Holder: _____

Patient's relation to Policy Holder: _____ Patient's relation to Policy Holder: _____

I affirm that the above information is true and correct to the best of my knowledge.

Patient Name: _____ Patient DOB: _____

Signature: _____ Today's Date: _____

Signed by (if different from patient): Name: _____

Relationship to patient: _____