



## **FINANCIAL POLICY**

Thank you for choosing Newton-Wellesley Family Pediatrics (NWFP). We are committed to providing you with the best possible care.

### **1. RESPONSIBILITY FOR THE BILL**

It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While the practice will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the practice in effect at the time of the appointment.

### **2. COPAYS, DEDUCTIBLES AND HEALTHCARE LAWS AT WELL AND SICK VISITS**

Newton-Wellesley Family Pediatrics is proud to accept most insurance plans. We are happy to help you learn and understand the policies and procedures of your insurance plan benefits. However, insurance is a contract between you and your insurance company. We are not a party to this contract. We file insurance claims on behalf of our patients. We can supply information as necessary to your insurance plan, but cannot become involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, etc.

While many insurance carriers may provide payment in full for our services, some may put charges towards deductibles or copays depending on your specific plan. **Certain services and procedures provided by Newton-Wellesley Family Pediatrics (such as wart treatments, vision screens, consults with our behavioral health clinician, etc.) may be your responsibility through your deductible. Additionally, some care provided during a well child visit may be deemed as outside of routine well care by an insurance company, prompting a copay or deductible charge.** We are legally obligated to code for the medical care we provide, and it is not possible for us to know what services and procedures your particular policy covers until we file the claim and receive a response from your insurance company. Any questions on whether a particular service or procedure will be covered or applied to your deductible should be directed to your insurance carrier.

As a reminder, insurance applying charges to deductibles or copays does mean they are covering the care, and thus have determined how they apply it to your plan. Codes not accepted by insurance lead to no cost at all.

We at Newton-Wellesley Family Pediatrics are always available for questioning around insurance, and we encourage you to reach out to your insurance plan with any of your questions as well. The following are examples of medical concerns that may lead to additional codes at the well visit to provide clarification.

- Example 1: An infant comes in for a routine physical exam and immunizations. The infant also has a cold and fever and is found to have an ear infection. The provider will bill for the physical exam PLUS an additional charge for the ear infection and illness and the parent will be responsible for the copay or deductible on the ear infection charge.
- Example 2: A child is seen for a 5-year-old routine physical exam. The child has asthma, and the provider determines that the asthma is not well-controlled and changes the patient's medications and provides a new asthma action plan. The provider will bill for the routine physical exam PLUS an additional charge for medication management of a stable chronic problem (asthma) and the parent will be responsible for the copay on the asthma charge.
- Example 3: Newborns are often seen multiple times in the first few months of life. Baby Well Visits typically do not incur a copay. However, "weight checks", "lactation visits" or other problem specific follow up care is considered an office visit and may incur a copay and/ or deductible.

You are responsible for full payment of any charges for medical services provided to your family that are not a covered benefit of your insurance plan. If your insurance company requires a copayment, our office staff is contractually obligated to collect the copayment at the time of service. Self-pay patients are responsible for payment at the time of service.

### **3. PHONE CALLS AND MYCHART MESSAGES**

Phone calls and MyChart responses that require your provider's clinical time and expertise may be billed to your insurance. This includes after-hours calls and messages. There may be a co-pay or co-insurance based on your insurance company's guidelines. Contacting us in this way is considered an agreement to these conditions.

### **4. BEHAVIORAL ASSESSMENTS & DEVELOPMENTAL SCREENINGS**

In accordance with federal law and American Academy of Pediatrics guidelines, we offer early and periodic screening for behavioral and developmental health problems at all well visits. These screening questionnaires allow us to provide your child with the best possible care, are required by Mass Health, and are covered by most insurance providers. Please be advised that some insurance companies do not fully cover this assessment and you may incur a copay or deductible amount for the screening.

## **5. MINOR PATIENTS**

The adult accompanying a minor and the parents (or guardians) are responsible for full payment at time of service. We are not party to any legal agreement between divorced or separated parents.

## **6. OUTSTANDING BILLS**

The practice reserves the right to request deposits or payment in full for any outstanding balances. Deposits will be based on the outstanding balance plus the patient's share of the bill for the new service(s) to be performed.

## **7. PAYMENT ARRANGEMENTS**

The practice will make a reasonable effort to assist patients/guarantors in meeting their financial obligations. If unusual circumstances make it impossible for you to meet the terms of this financial policy, please discuss your account with our managers should you need to arrange a payment plan. This will avoid misunderstandings and enable you to keep your account in good standing.

## **8. ROUTINE VISION, HEARING EXAMS**

Please be aware that we also perform routine vision and hearing assessments on our patients. These services may or may not be covered by your insurance plan. You also may incur a copay and/or deductible balance for these services. If you do not wish to receive a hearing or vision exam, please inform our staff at the beginning of your visit.

## **9. TRAVEL VACCINES**

Special vaccines may be necessary for international travel. These vaccines may or may not be covered by your insurance plan. We recommend that you contact your insurance company to inquire about coverage and/or deductibles for this service.

## **10. LACTATION VISITS**

We offer lactation support visits for babies with feeding issues or other needs. Because we are a pediatric office and are directly addressing the needs of the baby, these visits are billed under the baby's insurance for the visit, not the mother's. New mothers can contact their insurance companies to find other lactation care as covered by the Affordable Care Act.