

Irondequoit Pediatrics Office Policy

General Policy

It is important to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you may be responsible for payment of the visit and then need to submit the charges to the correct plan for reimbursement. Make sure our name or phone number appears on your card, or is documented with your insurance company. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.

Please try to understand your benefit plan regarding covered services and participating laboratories. For example:

- Not all plans cover annual healthy (well) physicals, sports physicals, or in office laboratory tests/procedures. If these are not covered, you will be responsible for payment.
- For children younger than 2 years, there may be a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for the payment
- Some laboratory tests that we collect in our office are sent to an outside laboratory. You will receive a separate bill from them. We are not responsible for the pricing or billing of these tests.

Annual healthy (well) physicals are designated by the insurance companies as a visit that includes "anticipatory guidance, risk factor reduction, interventions, or counseling" and may include addressing minor previous issues; for example, allergies. If major chronic issues, for example asthma, ADHD, or mental health problems, are discussed and take significant time, and additional office visit may be added to the healthy physical charges. You can always schedule a separate appointment to address these issues.

Financial Responsibility/Billing

According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. Co-payments are due at the time of service. A \$25 service fee will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.

Self-pay patients are expected to pay for services at the time of the visit. If we do not participate in your insurance plan, payment is expected at the time of your visit. We will supply you with an invoice that you can submit to your insurance plan for reimbursement.

Patient balances are billed immediately on receipt of your insurance plan's Explanation of Benefits. Your remittance is due within 10 business days of receipt of your bill. If previous arrangements have not been made with our office, any account balance outstanding longer the 28 days may be charged an re-bill of \$25 for each 28-day cycle. Any balances outstanding longer than 90 days may be forwarded to a collection agency.

For scheduled appointments, prior balances must be paid before the visit unless previous arrangements have been made. We accept cash, Visa and MasterCard credit/debit. A fee will be charged for any checks returned for insufficient funds.

Miscellaneous Charges

Forms - There is no charge for the Health Appraisal Form given at the time your child's visit. This is considered part of the visit. However, should you lose your form, there will be a \$5 charge to replace them.

Transfer of Records - If you transfer to another physician, we will provide free of charge a copy of your immunization record and a summary of your electronic medical record. The doctor will add additional information as needed. We will need at least 48 hour notice. If you require the whole medical record, there will be a \$25 fee. We cannot forward records we received from other physicians.

Missed Appointment - We require 24-hour notice for change or cancellation of your appointment. This policy will help us offer the appointment to other patients on our waiting list. A \$25 fee will be charged for missed appointments or failure to follow the above 24-hour notice.

Office Policy Addendum

Late Office Hours and Weekends

The Centers Medicare and Medicaid Services (CMS) has created two billing codes to help defray the cost of private offices staying open later and longer in order to accommodate the expanding working schedules of families (99050 and 99051). As you know, Irondequoit Pediatrics strives for "Exceptional Care – every step of the way" and we want to be available to see your children whenever possible. There are associated costs of staying open longer and later (ie. Paying overtime to staff, heating/cooling for the additional hours, electrical costs associated with lights and computers). Keep in mind that your out-of-pocket costs will be much higher if/when you go to either an Urgent Care Center or the Emergency Room.

For the above reasons, Irondequoit Pediatrics will bill an approved code for "patients seen in the office during **regularly scheduled** evening, weekend, or holiday office hours, in addition to basic service" (99051) and for "patients seen in the office at times other than regularly scheduled office hours, or days when the office is normally closed" (99050).

ADD/ADHD Medications

IRONDEQUOIT PEDIATRICS ADHD PRESCRIBING PROTOCOL (For Patients):

1. Frequency of office visits:

- Initial consultation to start medication (may require more than one visit). You will be given a 21 day trial prescription at this visit.
- Follow up visit 2 to 3 weeks after medicine started,
- Then every 3 months for two visits,
- Then every 6 months for medicine checks (every other visit can be billable as a lower cost telephone visit)
- If medicine dose changes, then will have a follow up visit 2 to 3 weeks after the dose change.

2. Refill Policy (modified due to strict governmental control of controlled substances):

- Parent or guardian (or patient) calls to request the refill. Refills will be done 48 hours after the request, excluding weekends and holidays (which may be longer).
- Request may not be processed within 48 hours if the request for refill is made too early, as deemed by the provider according to NYS controlled substance regulations.
- Refills will be processed by the treating medical provider, unless that provider is away from the office for more than 48 hours.
- Special circumstances may be accommodated if parent requests (such as needing refill same day) at the discretion of the provider. If unable, the office will contact the parent at the direction of the provider.
- We are not responsible for refilling prescriptions initially filled by other offices, unless the patient's primary care physician has agreed to do so, and only after receiving records from the initial prescribing provider.

Telemedicine Visits

Irondequoit Pediatrics will continue to be available for advice over the telephone for free. But there are a few instances where we may charge a small fee due to new insurance regulations.

1. If we prescribe a medication over the phone, we are obligated to not only document this in the chart, but we must have a specific diagnosis. Whenever a diagnosis is entered into your chart, we must then submit the diagnosis electronically to the insurance company to ensure that we are meeting their performance review criteria. Unfortunately, this means we need to enter a nominal charge. Please remember, that this charge will be far less than your out-of-pocket expense if you were to go to either an Urgent Care Center or the Emergency Room or even come into our office for a separate office visit.

2. Patients with ADD/ADHD, or other mental health issues on medications, should be seen in our office every 6 months. If the patient is doing well, every other visit could be a Telemedicine Visit. These visits will be billed, but at a lower rate than a typical office visit. You may still have a co-payment. We will still gladly see patients in the office if you prefer not to have a Telemedicine Visit – the choice is yours.