



WATCHUNG PEDIATRICS



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OFFICE FINANCIAL POLICY

Watchung Pediatrics' goal is to provide and maintain a good physician-patient relationship. Letting you know now in advance of our Office Policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions please do not hesitate to ask a member of our staff.

1. Upon arrival, please sign in at the front desk and present your current insurance card at every visit. It will be scanned. This is your designation of the correct insurance plan and consent to bill them on your child's behalf. IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.
2. If we are your primary care physician, our name or phone number must appear on your card. If your insurance company has not been informed that we are your Primary Care Physicians as of this date, you may be financially responsible for the visit.
3. If our physicians do not participate in your insurance plan, payment in full is expected at the time of service. For scheduled appointments, any balance must be paid prior to the visit.
4. If you have no insurance, payment is expected at the time of the visit.
5. According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurances. Co-pays are due at the time of service.
6. We do not submit to secondary insurance plans. If you have secondary insurance, we will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you. YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT.
7. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual physicals, or hearing and vision screens. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment.
8. At the physical exam, the provider may have a discussion about medications your child is on or visits to a specialist. If the discussion results in a change of medication, reviewing specialty testing, or condition where medication is prescribed, your insurance company may require you to be partially or completely responsible for an acute visit charge.
9. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your bill. The statements include an Explanation of Payment from your insurance company the first time the charge is billed. Please retain it for your records because there is a **\$10** processing fee for additional copies of insurance statements.

10. If you participate with a High Deductible Health Plan, we require a copy of either the HSA debit/credit card or a personal credit card remain on file. There are addendums to this Financial Policy, which are signed separately.
11. If previous arrangements have not been made with our Finance Office, any outstanding balance greater than 28 days will be charged a **\$10** re-bill fee. Any balance over 90 days will be forwarded to a collection agency.
12. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure and what services are covered.
13. Advance notice is needed for all non-emergent referrals, typically 3-5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must approve referrals before being issued.
14. We require 24 hours' notice for canceling any appointments. There is a **\$50** charge for weekday appointments and a **\$75** charge for Saturday appointments if they are not cancelled OR if 24-hour notice is not given.
15. A **\$35** fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
16. A **\$10 processing fee (or service fee)** will be charged in addition to your co-pay if the co-pay is not paid at the time of service or by the end of the next business day.
17. We charge **\$1 per page**, per child, to copy medical records. When records are mailed by our office to a new pediatrician, there is a maximum charge of **\$25** per child.
18. If your child has school forms, camp forms, sport forms etc. to be completed there is a **\$10** charge per form. Payment is due when the forms are dropped off. We have a 3-5-day turnaround time for forms. If a form is needed before 3 days, there is an additional **\$5** "rush" fee.
19. Not all services provided by our office are covered by every plan. Any service determined not covered by your plan will be your responsibility.
20. There is an additional charge if your child is seen on a Saturday, Sunday, holiday, or after 5pm. If the charge is denied by your insurance company, you will be responsible for payment.

I have read and understand the above Office Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name_____	DOB:_____
Patient Name_____	DOB:_____
Patient Name_____	DOB:_____
Patient Name_____	DOB:_____
Patient Name_____	DOB:_____

Responsible Party Member's Name

Relationship

Responsible Party Member's Signature

Date

