

Limestone Pediatrics, PLC
FINANCIAL POLICY
EFFECTIVE January 1, 2025

Thank you for choosing and entrusting Limestone Pediatrics for your child(ren)'s care. Drs. Poole, Thomas, Crowley and Goodsell are dedicated to providing excellent care to your children at a fair and reasonable rate. In order to provide this care, we have adopted the following financial policy. We recognize that the cost of health insurance has increased; unfortunately, our costs to provide care have risen significantly as well.

It is our goal to eliminate future misunderstandings in regard to our billing and payment policies. Our staff will be happy to discuss any fees or financial issues in advance or at the time of your visit. We participate with most major insurance plans. While we will work with you to submit your claims to your insurance company, please note that ultimately your insurance is a contract between you and your insurance carrier. Each insurance policy is individual, and it is your responsibility to understand your benefits, eligibility dates, along with what is and is not covered by your plan. If claims are not paid within 90 days, the unpaid balance becomes the responsibility of the parent/guardian. We will make every effort to work with you to file insurance claims and resolve any outstanding balances in a timely manner.

Please be aware that you **MUST** provide updated demographic (address and phone numbers) and insurance information to our office. Up-to-date information is needed for both parents. We must always have a current copy of your insurance card AND ID on file. If your insurance changes, it is your responsibility to let us know as soon as possible, along with the effective dates of your new policy. If previous visits need to be re-filed to a different insurance, you must notify us immediately due to Timely Filing requirements set by your insurance company. If you do not provide us with the correct insurance information at the time of the change, then your claims may be denied due to timely filing by your insurance and those claims would then become your financial responsibility. You will also be responsible for any denied charges due to incorrect information.

Co-pays, Co-insurance and Deductibles will be expected to be paid at the time of service. Private Pay Patients are expected to pay in full at the time of service. If there is an outstanding balance on your account and you are seen in the office, the balance will be required to be paid in FULL at the time of service. **NO EXCEPTIONS.**

Limestone Pediatrics does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility for their child's medical expenses. By signing below, you agree the parent bringing the child for an appointment is responsible for the co-pay or balance, due at check-in, regardless of whether a divorce decree, custodial or other arrangement places that obligation on someone other than yourself. We are happy to provide receipts for paid medical bills for you as requested. Parental decision-making for divorced parents regarding medical care should be agreed prior to any visits. As a practice, we will not interfere in these decisions, but additional visits may be required if timely agreements cannot be met at the time of service.

Limestone Pediatrics, PLC

FINANCIAL POLICY

EFFECTIVE January 1, 2025

Preventive Visits and Problem Focused Visits: At preventive visits we cover several very specific components including screenings, immunizations and counseling. Occasionally your child may also have a significant health issue raised during a well visit. We will need to bill for the work incurred for both accordingly (as problem focused visits typically require a copay and/or a deductible may apply). Your insurance will process the visit codes according to your plan guidelines, applying copay,

coinsurance, and/or deductibles as applicable. Health insurance contracts dictate your financial responsibilities, and you will receive a bill for these additional services.

No show or late cancellation fee: A fee of \$35 will be charged to patients who do not provide 24-hour notification to cancel an appointment or for patients who miss their scheduled same day appointment.

After 3 no shows or late cancelled appointments, your family may be discharged from the practice.

If a new patient misses their initial visit they may be dismissed from the practice.

Phone triage: After hours, we offer a telephone triage consultation service that puts you in touch with a pediatric trained triage nurse. Families will be charged for each triage call made (\$16). There are exceptions for advice given for infants less than 90 days old or where recommendations are given to immediately be seen by a healthcare provider. Additionally, if a provider speaks with a parent directly after hours or on the weekend, the call will be billed to your health insurance.

Weekends, Federal Holidays and After-Hours visits: Many insurance plans require the office to use different codes for service provided during federal holidays and non-standard hours of the day or week. Depending on your insurance they may place this charge to deductible or patient responsibility.

Payment: We accept cash, debit cards, Visa, MasterCard, Discover, Amex. Our staff or contracted billing company, PedsOne, may contact you at any of the numbers provided by you to resolve any outstanding balances. All questions regarding visit-based billing can be answered by PedsOne at 866-371-6118. If HSA is used as a form of payment and it is later decided it was an over payment and you have received a refund, it is your responsibility to rectify this with the HSA company.

You can expect to receive billing statements from our billing company (PedsOne), or directly from our office and payment is due within 30 days. If we do not hear from you at that time, your account will be turned over to a professional collection agency. This will result in the termination of the physician/patient relationship.

Credit card on file: Limestone Pediatrics offers credit card on file to help streamline the billing process.. Card information is securely stored, and our employees are only able to see the last 4 numbers of the card and expiration date. The card on file will be billed on the 15th of every month for any outstanding personal balance of \$150 or less. If the account has a balance over \$150 the billing department will contact you for prior approval to process the payment. Once the card has been processed you will receive a receipt to the email on file. **If the card on file declines when the payment is processed the billing department will reach out to notify the family that updated payment information is needed. Failure to respond to the billing department or the office within 10 days will necessitate a fee of \$25 be applied to the account for untimely payment.**

Keeping a credit card on file will in no way compromise your ability to dispute a charge or question the insurance company's determination of payment. You will be given time to contact our billing department and speak with one of our billing representatives to discuss your charges.

Limestone Pediatrics, PLC
FINANCIAL POLICY
EFFECTIVE January 1, 2025

Portal: We require that every family activates a portal account. You will be able to see account balances, pre check in for upcoming visits, request medication refills, and request forms (school physicals, Immunization records) To request a portal account please visit our website www.limestonepeds.com to fill out our secure request form.

Assignment of Benefits/Authorization: As parent or legal guardian, I authorize payment of medical benefits directly to Limestone Pediatrics, PLC for services rendered. I further agree to be fully responsible for all lawful debts incurred for these services.

Signature

Printed Name

Date

Important Terms

Deductible: This is the amount you are required to pay before the plan will pay any benefits for certain types of services.

Copay: Fixed dollar amount that the participant pays for an office visit. Copays do not apply to the deductible in the PPO plan.

Coinsurance: After the deductible is met the participant shares in the cost of medical care until the plan's out-of-pocket maximum is met.

Out-Of-Pocket Maximum: The maximum amount the participant would be responsible for paying in a calendar year for covered expenses (includes medical copays, coinsurance and deductibles).

There are separate out-of-pocket maximums, deductibles, copays and coinsurance amounts for in-network and out-of-network services.