

## Business Practice and Financial Policy Statement

We believe in being upfront and talking openly about our business practices and financial policies. It is important that each of us have an understanding of our responsibilities. We want to avoid potential misunderstandings that may negatively affect the health of our partnership.

**Read each section carefully. Should you have any questions, please do not hesitate to ask a member of our staff.**

### **Appointments**

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1. Please call us as soon as possible if you are not able to make your scheduled appointment. A 24 hour notice is required. There is a \$35 dollar charge for a missed appointment or for less than 24 hours advanced notice.
2. If you are late for your scheduled appointment, we will do our best to accommodate you. On certain days, it may be necessary to reschedule.
3. An office emergency will take priority over a scheduled visit. We appreciate your understanding.
4. Minors must have a completed Medical Authorization form to be seen for medical care and be brought in by someone older than 18 years old. This form is available online under the Form Depot at [www.genesisped.com](http://www.genesisped.com).
5. A well-child (or sports physical) includes a comprehensive medical history review and physical examination. We will discuss and update your child's and pertinent family past medical history. We will provide anticipatory guidance to help keep your child safe, healthy and to help you anticipate upcoming developmental changes with your child. We will review immunizations and administer any screening tests recommended for your child's age at the visit (such as a hemoglobin, lead screening, administer a TB questionnaire, for example) which are billed separately.
6. If you have scheduled a well-child visit/physical and other conditions are discussed during the exam, they will be considered secondary to your scheduled visit and result in additional office visit fees that day. From an insurance perspective, this is considered beyond the scope of a physical exam. National coding guidelines dictate documentation of that information and we must code and bill you in a manner to be compliant with these guidelines. You may incur a copay as a part of the visit. Reasons for an additional visit charge may be incurred could include treatment or counseling for a specific medical condition or complaint (both new and chronic concerns or conditions) and any routine follow-up for an acute or chronic condition.

### **Insurance Plans**

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*Please understand*

1. It is your responsibility to keep us informed of your current insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and for submitting the charges to the correct plan for reimbursement.

2. It is your responsibility to understand the benefits of your health plan. Please know which services are covered (including well child visits and the number allowed, sports physicals, vaccinations, hearing and vision screening), the participating laboratories, imagining centers, emergency rooms and hospitals. Please know if a written referral or authorization is required to see a specialist and if preauthorization is required prior to a procedure. Insurance coverage can be confusing. Please call your insurance company if you do not know the answers to these questions. You will be financially responsible for services that are provided and not covered by your plan.

## **Financial Policies**

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### *Please know*

1. According to your insurance plan, you are responsible for any and all co-payments, deductibles and coinsurances. We are not able to waive these fees.
2. Often, a physical or well-child exam is a benefit of your insurance that does not require a copay, coinsurance or the need to meet deductibles.
3. Other visits aside from a well-child exam are those that are typically subject to a copay, coinsurance or deductible payments.
4. **Co-payments** are due at the time of service.
5. Self-pay patients are expected to pay for services in FULL at the time of the visit. Prior arrangements will need to be made before being considered eligible for a cash paying visit. Contact the practice administrator to make these arrangements PRIOR to your visit.
6. If we do not participate in your insurance plan, we recommend you select an in-network provider for your services as the fees in the office will likely be very costly.
7. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Payment is due within 10 business days of your receipt of your statement.
8. If needed, you can make arrangements for a payment plan by contacting our billing service. An outstanding account balance longer than 28 days will be charged a \$20 re-bill fee for each 28-day cycle. Any outstanding balance longer than 90 days will be forwarded to a collection agency and may result in dismissal from the practice.
9. Please address all outstanding balances. We cannot pay our bills if we do not get paid for our services.
10. We accept cash, checks and credit cards.
11. A \$50 fee will be charged for any checks returned for insufficient funds.

## **Forms**

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1. There is no charge for the completion of the Illinois Certificate of Child Health Exam or school form (for short) or IHSA Sport Form at the time of your visit.
2. Additional school, camp, sports forms, or family medical leave forms will be subject to an additional form fee depending on their complexity. Expect a 3-5 day turnaround time.

## **Transfer of Records**

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1. When transferring your care, we will provide a copy of the health information generated at Genesis Pediatric Medicine at no charge to you when sent directly to another care provider.
2. We will provide pertinent health records (of those services rendered at Genesis Pediatric Medicine) should your child require a visit to a specialist or an outside consultant at no charge to you.
3. A copy of your child's health information (for your personal use) can be provided in a paper or electronic format upon request. There is a handling fee plus a per page charge for this service. All fees are the responsibility of the requesting party.