

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 understand 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

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 \$40 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 (those under 18 years of age) 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 Important Forms sections at 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 are considered secondary to your scheduled visit by your insurance and will 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.
7. After-hours care is available to you as our patient. The purpose of contacting the on-call provider is to determine if your child requires immediate (emergency) care or if your concern is something that can wait until office hours are open. It is not appropriate to request prescription refills or to reschedule an appointment. If you contact our on-call providers after office hours, calls that result in the need for a prescription will result in being charged for a televisit (which may also trigger a copay from your insurance plan).

If the doctor or you require a review of a photo/s (or use of other visual media) as a part of that call, you will be charged for a televisit. If you are simply seeking direction (for example, does your child need to go to an emergency room or can this wait until the office opens), that typically will not result in a televisit charge.

8. We do not refill ongoing medications through our on-call providers. If you need a refill of a medication, please call our office during regularly scheduled business hours.

Insurance Plans

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 and timing of visits, sports physicals, vaccinations, hearing and vision screening), the participating laboratories, imaging centers, emergency rooms and hospitals. Please know your insurance benefits and 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

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. **Co-payments** are due at the time of service.
3. Our office uses electronic notification for our billing statements. By agreeing to be patient of this practice, you are consenting to participate in e-statements. We will help you with your patient portal, so you are able to review and access all statements. If you do not wish to use electronic statements, you may be better served at another practice.
4. 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.
5. Other visits aside from a well-child exam are those that are typically subject to a copay, coinsurance or deductible payments.
6. 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.
7. 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.

8. 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.
9. 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.
10. Please address all outstanding balances. We cannot pay our bills and provide healthcare services for your child if we do not get paid for our services.
11. We accept cash, checks and credit cards.
12. A \$50 fee will be charged for any checks returned for insufficient funds.
13. If you have an outstanding balance and are coming in for a wellness visit, your balance must be paid in full by the time of the visit. If you have difficulty doing so, you must make PRIOR arrangements to place a credit card on file and enroll in a payment plan. Discuss this with the practice administrator or our billing team.
14. We have the ability to hold a credit card on file for copays and balances. Talk to our staff to set this up for your account.

Forms

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

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.
4. You also have access to our patient portal, which can provide you with a great deal of your child's past visits and history. You may access this at any time on your own. Should you need any help, please ask any member of our office staff.