



## Financial Policy

Thank you for entrusting the providers and staff of Dover Pediatrics with your child's care. The physicians, providers and staff would like to welcome you and your child and provide your family with the highest quality pediatric health care.

Our services are recognized by most insurance companies although with the complexity of health insurance today, you may be required to pay for some or all of our services based on your insurance policy agreement. As a courtesy to our patients, Dover Pediatrics will bill most medical insurance companies for services rendered with the insurance information you provide. Once your claim has been filed to your insurance company, most claims are usually paid within thirty (30) days. Our office will make every attempt to collect payment directly from your insurance company but may ask that you provide assistance if we are unable to receive payment in a timely manner.

### General Billing:

Please note that our physicians and providers follow accepted national guidelines when determining your charges. They are required to code based upon what services were provided and cannot take into account particular health plan benefits. If we do not have a contract with your insurance or insurance network, you may be responsible for the balance of the charge(s). Additionally, many insurance companies require a co-insurance responsibility therefore; we must bill all balances after an insurance payment has been received regardless of your coverage type.

We provide you with an itemized statement each month when there is a balance due. Balances are due within thirty (30) days of the first statement unless prior arrangements have been made with the billing department. We accept cash, checks, MasterCard, Visa American Express and Discover. We will charge your account a \$15.00 non-sufficient funds charge if your check is returned for insufficient funds.

- ***Your current insurance card*** must be presented at check in for every visit. If the insurance company that you designate is incorrect, you will be responsible for payment.
- ***If you have a co-payment***, we are contractually obligated by your insurance company to collect co-payments at the time of service. If you have co-insurance and/or deductible balance obligations, we will send you a statement once your insurance has processed your charges.
- ***If you have no insurance***, we will extend a 30% (thirty) reduction for all services rendered by our providers if you pay in full at the time of service. Additionally, payment plans are available through our accounts receivable department.
- ***If you have financial hardship***, please ask to speak to our accounts receivable department.

### Newborn Charges:

Newborns must be added to your insurance policy within thirty (30) days from their date of birth to ensure coverage. Please provide us with a copy of your child's insurance card as soon as possible.

### Sick Visits provided in conjunction with a Well Visit:

Additional services provided for a sick child visit during a well visit appointment will be billed to your insurance company following established guidelines. These services may result in additional co-insurances, co-payments and/or deductible balances and are the responsibility of the account holder.

**After Hours Care:**

Patients accessing sick child appointments beginning at 5:00 PM Monday through Friday and any time during weekends and holidays will be charged an after-hour care fee of \$48.48 in addition to regular services billed. If you are covered by health insurance, this charge will be billed to your insurance company. Please note, although this charge may or may not be the reimbursed by your insurance company and it may be the responsibility of the account holder.

**Custody Issues:**

Dover Pediatrics will not become involved in any way with custodial, separation, divorce decree interpretation or financial disputes involving or related to separated or divorced parents of a minor child. Our office holds the presenting parent/guardian financially responsible for your child's health care costs.

**Timely Payments:**

Our office will make every effort to communicate with you about your account balances. In the event we do not hear back from you with a mutually satisfactory resolution or if we have had no payment on your account for 60 (sixty) days, your account may be labeled as a 'Delinquent' account and forwarded for further collections efforts to a collection agency. Our providers may then opt to discontinue future care for patients whose accounts have delinquent account status.

If you have questions regarding your billing statements, a payment plan or our billing processes our accounts receivable representatives may be reached through our main number (603) 742-4048. If you would prefer to meet with one of our billing representatives, they are available Monday through Friday from 8:30 am – 4:30 pm. Please feel free to discuss your general billing questions, outstanding balances, payment plan options, insurance deductibles and/or no insurance coverage situations.

**Financial Agreement:**

Our pediatric providers have a relationship with you and not your insurance company. It is the responsibility of the child's parents/guardians to understand their insurance benefits and follow up accordingly with any billing issues or concerns.

**The undersigned agrees with the terms and conditions listed in our Financial Policy. By refusing to sign this financial policy, you agree to pay in full at the time of service. I certify that the information I have given to Dover Pediatrics is accurate to the best of my knowledge. I hereby authorize Dover Pediatrics, PLLC to furnish my insurance company all required regarding charges for well visits, illnesses and injuries. I hereby assign Dover Pediatrics all benefits for service(s) rendered.**

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature (if 18 + years old)

\_\_\_\_\_  
Date