



FINANCIAL PAYMENT POLICY

We are doing everything possible to hold down the cost of medical care, and we agree to provide quality medical care at a fair and reasonable price. You can help a great deal by eliminating the need for us to bill you and by understanding the benefits of your insurance. The following is a summary of our payment policy.

PAYMENT IS EXPECTED AT TIME OF SERVICE:

Payment is required at the time services are rendered, unless other arrangements have been made in advance. This includes applicable co-insurance, co-payments- deductibles and outstanding account balances. Reston Pediatrics Associates Physicians accept cash, personal checks, and VISA, MasterCard, American Express and Discover cards. There is a service charge for all returned checks.

Your contract with your insurance company determines the amount of your co-pays and other patient responsibilities. Co-payment amounts are not always clearly indicated on your insurance card. It is your responsibility to know whether or not you have co-pay and to pay at the time of service. If our staff does not “ask” for your co-pay amount or if your co-pay is not clearly indicated on your insurance card, **this is not considered a waiver of your contractual requirement with your insurance company to pay this fee nor is it construed as our waiver of acceptance of your co-payment at the time of service.** Co-payments not paid by you at the time of service will be billed with an additional charge of \$30.00 fee.

It is your responsibility to be aware of your insurer’s provisions for payments of office visits, hospitalizations, immunizations, well- child exams and routine medical exams including school, camp or sports physicals.

Patients who arrive to be seen in our office with invalid/ terminated insurance, lack of proof of insurance or new insurance pending, or the wrong Primary Care Physician’s name on the card will be seen if full payment for the visit is received at the time of service.

Once proof of insurance is provided, verified, claims will be resubmitted and upon receipt of payment from the insurance company, a refund will be issued to you.

Patients with an outstanding balance of \$100 or are 45 days overdue must make arrangements for payment prior to scheduling appointments.

Failure to make payment at check in may result in your appointment being rescheduled.

INSURANCE:

Your insurance policy is a contract between you and your insurance carrier. Reston Pediatrics Associates Physicians are not a party to that contract. We MUST emphasize, that as your healthcare provider, our relationship is with YOU and not your insurance company.



If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

Please understand the benefits your insurance provides for office visits.

It is your responsibility to know what services are covered. If you are unsure, check with your employer or call your insurance company.

As board certified Physicians, we follow guidelines established by the American Academy of Pediatrics for rendering appropriate, quality medical care regardless of the provisions you have with your insurance company.

Please register your new newborn with your insurer as soon as you are discharged from the hospital. Care for your newborn is not covered by your insurance until the baby is officially registered on your plan. Most insurance requires this to be done before your child is 30 days old. We will not schedule any well-child exams after the 2 month exam for patients with previous balances and/ or no verifiable insurance unless you are prepared to pay for the current exam in full and 50% of the outstanding balance on the account.

Insurance claims may be denied because your insurance company has requested additional details from YOU. Examples are “**Coordination of Benefits**” (COB) Questionnaires and written requests for “accident information”. Your insurance company will not pay until you fulfill their request. Once again, the provisions of your insurance are between you and your insurer. In these cases, you will be billed for outstanding charges until the insurer receives the information from you, and you ask the insurer to process the claim and we are ultimately paid for our services.

If you need assistance or have questions, please contact our Office and ask to speak with a Billing Representative between 8.00AM and 4.00PM, Monday through Friday at 703-450-8660, EXT 2001. We welcome the opportunity to discuss any aspect of our financial/ payment policies with you.

Our Physicians and Nurses focus their time and attention on patient care and will therefore defer all billing questions and or concerns to our billing office.

REFUNDS:

Overpayments, credits, and unapplied credits on a patient account will be refunded upon written request to Reston Pediatric Associates from the responsible party within 30 days.

Patient refunds will not be processed until all active or past due charges are paid in full.

MANAGED CARE:

If you are enrolled in a managed care insurance plan, (i.e.; HMO,) you must verify that one of your doctor’s names is on your insurance card.



If your insurance card does not list us as your Primary Care Provider (PCP) and denies payment, we will bill you for all services. There is often a window of opportunity for you to change your PCP- please check with your insurer for the correct timing of the change.

If your insurance requires referrals to see a specialist you must request the referral prior to your appointment. NO retroactive referrals will be given.

MISSED APPOINTMENT/ LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment, and 2 hours for same day sick visits. We will charge a \$50.00 for missed appointments or same day cancellations. Should you miss more than two appointments and fail to cancel in advance, you may be discharged from the practice. You will have 30 days to dispute a No Show fee.

All balances are due at time of service and failure to pay may result in rescheduling your appointment until payment is made.

PATIENT BALANCES/ ACCOUNTS OUTSOURCED TO COLLECTIONS:

Just as we receive an “Explanation of Benefits” (EOB) with payment from your insurance company, you too should receive a copy from the insurer that will detail outstanding balances you owe us.

All bills for patient balances are mailed to the address of record. There is no provision for us to “magically” ascertain that we have the correct address.

Therefore it is imperative that you update us with any and all changes to your account whether it is a change of address, phone number, insurance, etc.

On an occasion that our computer does not generate a statement for you of all monies owed or your bill has gone to an old address, we will assume that you have been notified by the EOB sent to you from your insurer. Any and all outstanding balances over 90 days with no payment activity, no attempt to pay or dialogue with our billing office may be turned over to our collection agency. Please do not ignore these statements, please contact us to help you meet your obligations.

Accounts referred to an outside collection agency may be subject to a collection fee of 35% which will be added to the balance at the time of write off.

If your account is sent to the collection agency, Reston Pediatric Associates is unable to discuss any issues with the patient; all correspondence must go through the collection agency.

Patients with unpaid delinquent accounts which have been sent to collections may be discharged from our practice..

ADDITIONAL CHARGES:

There is a \$30.00 fee for all returned checks

Writing a “bad check” is punishable under law. We will mail a letter requesting that payment be made within 5 days after receipt. All obligations not honored within this time frame will be pursued through the applicable court and you will be discharged from the practice.



You must complete Reston Pediatrics Associates Authorization for the Release of Medical Information form prior to your records being released. A fee is charged for this service which conforms to State code. RPA does not benefit financially from this service.

As a patient of Reston Pediatrics Associates I consent to the Financial /Payment Policy. I agree to assign insurance benefits to RPA whenever necessary.