



## Billing & Financial Policies

Thank you for choosing Metropolitan Pediatrics for your family's care! We are committed to providing the best care possible and will work with you to ensure your child receives the care he or she needs, no matter your circumstances. Please let us know if you are having difficulty paying your bill. Financial assistance and payment plans are available. For questions about your bill and/or payment options available to you, please call our billing specialists at (503) 466-1668.

### Covered Benefits

Insurance policies vary considerably, and health plans do not recognize services at the same benefit level. For this reason, we cannot anticipate how your health plan will cover the services you receive. It is your responsibility to understand your benefits and coverage limits, including behavioral health, referrals and authorizations, preferred lab facilities and tests, and other services that may be required. If you are unsure whether a service is covered, please contact your insurance company prior to your visit.

### Insurance Plans

As a courtesy, we bill most insurance carriers directly. Please be advised, this does not guarantee payment and ultimate responsibility of the account is yours. You are responsible for copays, deductibles, non-covered services, coinsurance, and items considered "not medically necessary" by your insurance company.

It is your responsibility to provide us with accurate insurance information. Patients are expected to bring their current billing information and insurance card(s) to each appointment and notify us of any insurance changes. If a patient is insured by more than one health plan, you must provide billing information for both policies. Many insurance companies have a timely filing period, or time limit for submitting a claim. Metropolitan Pediatrics cannot bill an insurance company if information is provided after this window.

- **Oregon/Washington Welfare & Oregon Health Plan:** You may be asked to sign a waiver assuming financial responsibility for services not covered under state Medicaid programs. Visit our website or call our office for a list of managed care plans we participate with.
- **Workers' Compensation, Third Party Liability & Foreign Insurance:** Metropolitan Pediatrics does not bill workers' compensation, third party liability, or foreign insurance. Settlements of these claims can take several months. You may be asked for payment in full or mutually agreed upon financial arrangements at the time of service. A copy of the claim form will be provided to you upon request for personal billing to the responsible party.
- **Motor Vehicle Accident (MVA):** Patients involved in a motor vehicle accident must provide information regarding the responsible insurance within 24 hours of being seen. We will need the insurance name, mailing address, phone number, and the claim number for billing. You will also be asked to sign a release of information to exchange medical information with the carrier.
- **Health Sharing Plans:** Health sharing programs are not an insurance. Most health sharing plans are affiliated with different religious denominations with voluntary sharing among members for eligible medical expenses. Since health sharing programs are not an insurance, Metropolitan Pediatrics does not have a direct contract with your health share program. Meaning, we may not be obligated to take a contractual discount from your health share plan or hold claims for delayed payment.

We encourage health share patients to pay in full at the time of service, entitling you to a prompt pay discount, and then submit for reimbursement directly from your health share plan. If you request that we bill your health share plan directly, we will do so as a courtesy; however, if the health share plan informs us of lack of funding or delays payment beyond 45 days, the account balance will become your financial responsibility until the account is resolved.

## **Insurance Requests for Information**

In the event that your child's insurance carrier requests additional information from you, it is the subscriber's responsibility to contact the insurance company and supply the requested information. All impacted account balances will become the financial responsibility of the guarantor holder, pending the subscriber's response to the request.

## **Copays**

Copays are due at the time of service. Copays are a contractual obligation between you and your insurance company.

## **Well-Child Visits**

All services that occur during a well visit are separately reportable (e.g., screenings, labs, vaccines). Disputes about cost-share (coinsurance/deductibles/copays) must be directed to your insurance plan. On occasion, our providers may also treat a new or existing medical problem during a well-child visit. Problems addressed during preventive visits are outside the scope of routine well-child care and are separately reported to your insurance carrier. In the event this occurs, you will be responsible for any additional copays, coinsurance, deductibles, or other balances after the visit.

## **Behavioral Health**

Behavioral health services are billed separately from medical services, even if they occur on the same day as a medical appointment. These services will be billed to your behavioral health plan and are subject to their own coverage and benefit limits.

## **Bankruptcy**

- **Insured Patients:** All applicable copays, coinsurance, and deductibles are due at the time of service.
- **Non-Insured Patients:** Payment in full is required at the time of service.

## **Coding**

Physicians follow national guidelines when coding for services. Charges are based on the cost of the procedure and the amount of professional time and skill involved. In addition to the time a physician spends with you, a considerable amount of time may also be spent analyzing tests, consulting with other physicians, and preparing reports. Physicians must code your visit based on the reason you were seen (diagnosis) and the services that were provided. We cannot take into account your individual health plan benefits when coding for services.

## **Divorced Parents**

We understand the difficulties involved in divorce and court orders. Metropolitan Pediatrics will not arbitrate financial disputes between parents. The parent or guardian who signs the Billing & Financial Policies is financially responsible for the account.

## **Returned Checks**

Checks returned for insufficient funds will result in a \$25.00 fee assessed to your account.

## **Missed Appointments**

If you cannot keep your appointment, please cancel 24 hours prior to the scheduled time or a \$50.00 fee may be charged to your account.

## **Past Due Balances**

Patients are responsible for all charges resulting from treatment provided by Metropolitan Pediatrics. Payment is due within 30 days of statement billing unless other payment arrangements are made. Failure to pay your bill on time could result in your account being placed with an outside collection agency. You are responsible for all agency and/or legal fees and will need to work directly with the collection agency to resolve your balance.

## **Medical Records**

Records sent to another physician or clinic are provided free of charge. There is a flat copy fee for any personal or legal request for medical records based on current Oregon guidelines. The fee must be paid prior to the records being released. Patients 14 and older must consent to release medical records to other individuals. Legal documentation supporting custody changes and/or access to health information should be submitted to our

**Assignment of Benefits**

Health Information Services Department.

I authorize my insurance carrier(s) to remit payment of benefits for any claim to Metropolitan Pediatrics. I understand that any ineligible or non-covered expenses are my responsibility.

I assign Metropolitan Pediatrics as an Authorized Representative to:

- 1) Submit any and all appeals when my insurance company denies me benefits to which I am entitled,
- 2) Submit any and all requests for benefit information from my insurance company,
- 3) Initiate formal complaints to any state or federal agency that has jurisdiction over my benefits, and
- 4) Release all medical information necessary to process my claims.

I authorize any plan administrator or insurer to release any and all plan documents, insurance policy, and/or settlement information upon written request from Metropolitan Pediatrics. This assignment is valid for all administrative and judicial reviews under PPACA, ERISA, Medicare, and applicable federal or state laws. A photocopy of this assignment is to be considered as valid as the original.