

BERKELEY PEDIATRIC MEDICAL GROUP
FINANCIAL POLICY

A "Patient Information form" is needed for all children. Please notify us of any change in phone numbers, address or insurance. If applicable, a copy of the insurance card is needed for each patient chart.

PAYMENT

Payment for our services is your responsibility. EPAY is a service provided by the office for you to leave a credit card number on file to be used, per your instruction, for any balance due, including co payments. If you are interested, please ask the office for more information

Co-payments specified by your insurance are due at each visit by the accompanying adult. Failure to pay at the visit will result in a \$10 service charge. If your child will not be accompanied by an adult, payment should be sent with the child.

If you have no insurance or if you have an insurance with which we are not contracted, payment in full is due at the time of each visit. Payments for services that are not covered by your insurance carrier are due in full at the time of each visit. We have found that some insurance plans do not cover Well Care and circumcisions. You may want to contact your carrier to find out about these types of benefit under your plan.

Unless cancelled at least 24 hours in advance, there is a \$50 charge for missed appointments.

INSURANCE

Health insurance is a means to help you with your financial responsibility to pay for health care. Your coverage and benefits are a contract between you and the insurance company. If you have an insurance with which we are not contracted, **Blue Cross PPO**, we will provide you with the forms you need to be reimbursed directly by your insurance company. If you have an insurance we are contracted with, we will bill that insurance company. **You will be asked to present a current insurance card at each visit.** After billing your insurance company, the remaining balance is your responsibility. **You will receive a statement if your insurance carrier has responded and a payment is due from you.** If we do not have a current insurance card issued to the patient or the wrong primary care physician is listed, you will be asked to pay in full at the time of each visit. Insurance carriers limit the amount of time we can retroactively bill. In order for you to be reimbursed any overpayment, you must provide us with a current insurance card within 30 days of the visit. Please contact the business office prior to any insurance changes.

Newborns are usually covered by the mother's insurance and medical group for the first 30 days of life. We are members of **Alta Bates Medical Group**. If mom is **not** in Alta Bates Medical Group, you will need to contact the carrier to see if mom and baby can be in different medical groups for the first 30 days. **The baby must be added to the insurance policy as soon as possible within the first 30 days of life for coverage to continue for your child.** If you have HMO insurance, check that one of our doctors is listed as the primary care physician on the card. If you are unable to present a card for the baby at the 2 month visit, you will be asked to pay in full until we have a card. Insurance carriers limit the amount of time we can retroactively bill. In order for you to be reimbursed any overpayment, you must provide us with a current insurance card within 30 days of the visit.

Statements are sent out monthly. **Statements are sent when there is a balance due from the patient.** Payment is due upon receipt. A 1.5% Interest charge will be applied each month to all accounts 30 days past due.

It is important that you understand our Financial Policy. If you have any questions or concerns, please feel free to contact the business office, 848-4782.