



Financial Policy

FRONTIER PEDIATRIC PARTNERS

Notice of Financial Policy

THIS NOTICE DESCRIBES THE FINANCIAL AGREEMENT BETWEEN PROVIDERS AND CHILD'S PARENT OR GUARDIAN. PLEASE REVIEW IF CAREFULLY.

Thank you for choosing **FRONTIER PEDIATRIC PARTNERS (FPP)** to meet your child(ren)'s health care needs. We are committed to providing the best care possible and appreciate your trust. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between the providers of the practice and the child's parent or guardian. Your clear understanding of the financial policy agreement is important to our professional relationship. Please read this carefully; we will require that you agree and consent to this Policy/Agreement prior to receiving treatment. Please understand that payment of your bill is considered part of your child(ren)'s treatment.

Responsible Party

1. FPP will gladly submit claims to your health insurance for the services provided. However, any charges accrued on the account are your responsibility. You will be expected to follow up on any unpaid or incorrectly paid charges, regardless of insurance coverage. We will be happy to assist you in any way we can, but *you are ultimately responsible for timely payment of your account.*
2. In divorce situations, the person bringing the child into the office is the responsible party. A divorce decree is a document that involves you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, FPP has no authority to enforce compliance.
3. If the parent or responsible party cannot attend their appointment and must send their child(ren) alone, or with an older sibling, grandparent, or babysitter, please be aware that these other individuals have no legal authority to provide a "consent to treatment" for your child. We prefer that you send a signed letter of authorization with them or give us written pre-authorization naming the person(s) you approve of in advance to consent to treatment on your behalf. (When occasion requires, verbal consent over the phone will be considered.) You will be responsible for the charges accrued at such visits.
4. FPP follow the current Idaho codes concerning "unemancipated minor child consent to treatment". If occasion arises that on the date of visit or any/all appointments the parent or responsible party plans for their child(ren) to attend their appointments unaccompanied without responsible party; FPP will require per the current Idaho code "unemancipated minor consent to treatment" form to be signed.
5. You will be responsible for charges accrued by children who have turned 18 until such time as you notify FPP in writing, prior to services being provided, that you no longer accept financial responsibility.

Billable Services

1. FPP will charge for provider services, as well as supplies used for the care of your children.
2. FPP will charge for all follow-up services. The same resources (staff, room, supplies, provider time, etc.) are used for the follow-up visit, so many of the charges will be the similar to the initial visit.
3. FPP will charge for all scheduled and walk-in appointments. We will also charge for patients who are not scheduled (ie. siblings of a scheduled patient) that the provider is asked to see.
4. Occasionally a patient will be scheduled for one type of service, but the provider may diagnose and treat another problem in addition to the scheduled service. When appropriate, FPP will charge for the additional service. Some insurance companies will not cover both services, which may result in a denial or higher copay. (An example of this would be when a child is seen for a well check, but also has an ear infection. In these situations, in order to save you time and prevent a separate visit, the provider may treat the additional problem and bill for the service. These additional charges may not be covered by insurance under preventative care and would incur a separate charge.)
5. FPP reserves the right to charge for extensive phone calls, reporting, consultation, coordination of care with other providers and/or other services provided on your child(ren)'s behalf. Your insurance may not cover these services.
6. FPP reserves the right to charge for missed appointments when said appointment has been confirmed, including same-day appointments. These charges will not be billed to your insurance company but will be your responsibility. See missed appointment section below.

Portion Due at Time of Service

1. If you have insurance coverage, all copays are due at the time of service.
 - a) Well Child Visits, including immunizations, are generally covered in full by your insurance. If for some reason, your insurance company does not cover certain wellness screenings that are standard of care per the American Academy of Pediatrics, you may owe a residual amount after insurance processes the claim.
 - b) For Non-Well Child Visits (acute, chronic, or follow-up visits), if the exact copay is unknown or if patient is on a high deductible insurance plan without any copays, we will bill your insurance first and a statement for the amount you are responsible will be mailed to you after insurance processes the claim.
2. Payment in full is due from self-pay patients at the time of service. A prompt pay adjustment will be given when charges are paid in full on the date of service.
3. Payment in full is due at the time of service from non-FPP patients (tourists, etc.), regardless of insurance coverage. Your insurance (if any) will receive a claim for the full amount of the service(s) and you will be reimbursed for any overpayments once the insurance claim is settled.
4. Payment in full is due at the time of service from accounts with a "bankruptcy" status if we are unable to verify your insurance benefits. If we are able to verify benefits, payment for any copays, coinsurances, deductibles and/or non-covered services will be required at the time of service.

Method of Payment

FPP accepts the following types of payments:

1. Check (including cashier's checks and money orders. No third-party checks).
2. Cash.
3. Visa, Mastercard, Discover and American Express debit or credit cards.

Insurance Coverage

1. It is your responsibility to provide accurate insurance information to FPP at the time of service. All patient information should be verified and updated at the time of check-in.
2. FPP will create and submit claims to your **health** insurance on your behalf. However, we reserve the right to refuse insurance and collect payment in full from you (under some circumstances such as out-of-state Medicaid, tourists, insurance information provided after claim filing deadlines, etc.).
3. FPP will not submit claims directly to an **auto** insurance carrier. We will provide you with the claim form, and you will be responsible for submitting the claim to the appropriate no-fault carrier.
4. It is your responsibility to verify that the provider you have chosen is a participating provider under your insurance plan, prior to receiving services. However, it is our intention to become a preferred provider with all local insurance plans.
5. If your child has Idaho Medicaid, present the Medicaid card during check-in at each visit.
 - a) The State of Idaho requires that you are “Healthy Connected” with a primary care provider. If you have not already done so, you will need to choose a primary care provider within FPP.
 - b) If you are currently “Healthy Connected” with another provider outside of FPP, we must have a referral from that provider before the visit with us or payment will be required at the time of your visit.
6. It is your responsibility to verify benefits under your plan. You will be responsible for any non-covered services not paid for by your insurance for any reason.
7. FPP must, under federal law, accurately report to insurance the services provided to your children. Your insurance company may not pay for all services received. FPP cannot change the service or diagnosis codes (unless they were initially reported incorrectly) in order to make a service “fit” your insurance plan benefits. We must report the exact services provided and the exact reason for providing them.
8. Your signature on this policy authorizes FPP to release health information to insurance carriers when necessary for payment and directs them to remit payment directly to FPP. (This process is known as Assignment of Benefits (AOB)).

Statements

1. Statements (bills) will be sent on a monthly basis when our system shows a patient balance owing. The statement will list all activity on the claim(s) in question (insurance payments, insurance adjustments, patient payments, etc.) and will show the remaining balance owing, per date of service.
2. If you have a question or concern, or if you see a discrepancy in your statement, it is your responsibility to contact the Billing Office as soon as possible. If we do not hear from you, we will assume the information in our system is correct and proceed accordingly.
3. It is your responsibility to provide FPP with your correct address and phone number. If a statement is returned for an invalid address, your account may be turned over to an outside collection agency.
4. FPP does not offer payment plans at this time.
5. Bills are due on the date of issuance. After two statements are mailed followed by a 90-day grace period, any accounts with a remaining balance over \$50 will be sent to collections.
6. We reserve the right to refuse service if there is a balance of over \$250 on an individual’s patient’s account or \$400 on a guarantor’s account.

Credits

1. Any insurance credits or over-adjustments will be returned to the appropriate insurance company.

2. Any patient credits or overpayments will first be used to pay past-due balances, including those which may have been referred to an outside collection agency.
3. If patient balances have been resolved, patient credits will be returned to you via check.

Collections

1. Your account may go to collections for the following reasons that include but are not limited to:
 - a) Invalid patient demographic information (address, phone, etc.) which prevents us from contacting you regarding your account.
 - b) Failure to provide timely, accurate insurance information.
 - c) Failure to pay patient balances due for over 90 days from the last statement.
 - d) Failure to follow through with statement discrepancies, insurance denials, etc.
 - e) Failure to follow through with other correspondence from FPP regarding payment.
2. FPP makes every effort to work with you to keep your account out of collections. However, in the event that your account is referred to a third-party debt-collection agency, you will be responsible for the balance of the account in addition to any other amounts (interest, court costs, attorney's fees, etc.) allowed by law.
3. In these situations, further appointment requests may not be granted, and the responsible party may be asked to seek medical care for their child(ren) elsewhere. If payment is not made within 30 days after being sent to collections, the patient will be dismissed from the practice.

Returned Checks

1. Checks returned unpaid by your bank, regardless of the reason, will be posted back to your account in the original amount of the check, in addition to a \$30.00 returned check fee. You may also be responsible for interest, costs of collection, court costs and reasonable attorney fees as allowed by law.
2. If this occurs, your account will be placed on a "cash-only basis". We will accept payments only by cash or credit card until the balance is cleared.

Bankruptcy

1. If FPP receives notice of a filed Bankruptcy case on your account, we will make the necessary adjustments to your balance according to bankruptcy law.
2. Your account will be placed in bankruptcy status. Each time you schedule an appointment the front office will transfer your call to the billing department for insurance verification.
3. You will be required to pay in full at the time of service, unless we are able to verify coverage with your insurance at **each** visit. If we are unable to verify coverage (holidays, after-hours, invalid insurance, etc.), payment in full at the time of service will be required. We will be happy to submit a claim to your insurance on your behalf and, if your insurance pays on the claim, you will be refunded any overpayments.
4. If we are able to verify insurance benefits you will be required to pay the "member portion" at the time of service, as determined by your insurance for the visit type. This may include copays, coinsurances, deductibles and/or non-covered services. The amount given as "member portion" at the time of service may not be the total amount you will owe once insurance processes the claim.
5. If you are unable to pay your portion at the time of service, you may be referred to an Urgent Care facility or Emergency Department unless the child is in immediate danger.
6. Your account will remain in a bankruptcy status for two (2) years from the bankruptcy file date or from the last collection activity on your account, whichever time is shorter, until the statute of limitations

on the bankruptcy expires (7 years). After such a time the bankruptcy status will be removed from your account and normal payment policies will apply.

Dismissal from Practice

1. FPP reserves the right to dismiss patients from our practice for non-payment. If you as the responsible party have established a history of non-payment on your account and/or been sent to collections, your child(ren) may be eligible for dismissal.
2. Prior to dismissal, FPP will issue a letter informing you of your child's pending dismissal unless payment in full is made on your account within 30 days of issuance. Payment in full includes your current account balance, in addition to any amounts that have been referred to an outside collection agency.

Missed Appointments:

1. Missed appointments represent a cost to FPP and to other patients who could have been seen during the time allotted for your child. If you need to cancel or reschedule your child's appointment, please call at **least 24 hours** in advance. Not doing so may result in that appointment being designated as a "no show."
2. We reserve the right to charge a \$35 "no show" fee for missed appointments unless your insurance prohibits it.
3. We reserve the right to dismiss patients/families from the practice after repeated no shows (3 or more.) Prior to dismissal, FPP will issue a letter informing you of the repeated no show and/or late cancellation pattern. If the pattern persists, your child(ren) may be dismissed without further notice.

Questions or Concerns

1. If you have any questions regarding your account or need clarification on any of the items listed in this financial policy, please contact our Billing Department.
2. FPP Billing Department Staff are available from 9:00 a.m. to 5:00 p.m. Monday through Friday. You may contact them by phone at (208) 595-5095.

Thank you for trusting Frontier Pediatric Partners with the care of your children. We are dedicated to making your experience a positive one. Please do not hesitate to contact us with any questions regarding your account, payment options or financial responsibilities.

Please note this policy is subject to change, and any changes will be posted on our patient portal and/or website. Changes will become effective at the time they are posted. FPP reserves the right to periodically adjust any of the above measures based upon individual circumstance and/or compliance.