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## FINANCIAL & OFFICE POLICY ACKNOWLEDGEMENT

Thank you for trusting Prairie Pediatrics (“Practice”) with your child’s healthcare. We strive to go above and beyond for patients to provide care that is exemplary in quality and compassionate in delivery.

To enable us to continue providing a high level of personalized care, and to reduce administrative friction for you and our staff, **we require all patients to adhere to the office and financial policies outlined below.**

We appreciate your compliance with ALL the below policies. This demonstrates your respect for fellow patients and enables our entire team to stay 100% focused on providing great care for your kids!

### 1. Insurance (*initial each item*)

#### Know Your Benefits

- Insurance plans are all different. YOU are responsible for knowing what is covered, what is not covered and what your copay, coinsurance and deductible responsibilities are.
- If your plan requires a Primary Care Provider (PCP) – you must designate the Practice as the PCP. You will bear full financial responsibility for denied claims resulting from incorrect PCP designation.
- Review the Explanation of Benefits (EOB) issued by your insurance plan after each visit to find out what was or was not covered and what you owe.

#### Provide Accurate Information, Every Time

- You must provide current and accurate information about your insurance plan at ALL visits.
- If your insurance has changed, you must provide updated information prior to your visit.
- If you are informed of a data discrepancy or other problem with your insurance, you are expected to work to resolve it as quickly as possible.
- ***You will be financially responsible for the full cost of all denied claims that result from inactive coverage at the time of service and/or failure to provide accurate information.***

#### Understand Your Cost Sharing

- Insurance plans require members to pay a share of medical costs via copays (flat \$ amount per visit), coinsurance (a % of charges) and/or deductibles (patient pays all charges until a specified \$ limit is met). We highly recommend you know your plan details to avoid surprises.
- When cost sharing charges are assigned to you, our insurance contracts REQUIRE the Practice to collect these amounts from our patients.

#### Insurance Plans Accepted & Self-Pay Policy

- We require insurance coverage with a plan we are currently accepting and are in-network with.
- If you lose your insurance or change to a plan we do not accept, you will have the option of “self-paying” for services. Charges must be paid at the time of service.

### 2. Credit Card on File Required

- To ensure timely payment for our services, including the charges assigned to you by your insurance, the Practice **requires an active credit/debit card on file at all times.**
- ***Appointments will be cancelled if you do not provide a card at (or before) the time of service.***
- After insurance processes your claim, you will receive e-mail notification of any charges you owe.
- **Your card will be charged for the balance owed after 45 days,** giving you time to pay online with a payment method of your choice and/or review and dispute any insurance coverage issues.
  - During this time, you can call our billing department to help you set up a payment plan, if needed.
- If insurance denies your claim due to inactive coverage, coordination of benefits issues, or a data discrepancy, you will be notified by our billing department and given **14 days to resolve the issue.**
- If your card is denied, you will be notified and given **14 days to provide a new payment method.**
  - ***If a balance remains unpaid after 90 days, you will be discharged from the Practice.***

- **Why We Do This** -- This simplifies things for everyone. You don't need to worry about billing due dates and the Practice can apply more resources to your care and less to billing issues.
- **Data Security** – Card numbers are stored securely and digitally by our processing company Instamed (a subsidiary of JP Morgan Chase Bank). Instamed is fully compliant with the highest level of financial security regulations. The Practice can only see the last 4 digits of your card.

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**3. Same-Day Cancellations & Missed Appointments**

- Missed appointments and last-minute cancellations impact other patients who could have been seen during your reserved time slot and reduce the time that providers can see children who need care.
- We have a strict 3 strikes policy --- **3 same-day cancellations with less than 2-hours' notice or 3 no-shows within a 2-year period will result in your dismissal from the practice.**
  - This limit is applied per-family (not per-child), but only 1 instance per day will be counted.
  - Arrival more than 15 minutes late is considered a no-show and you will need to reschedule.
- We understand that sometimes life happens, so we do not charge fees when a rare event causes a late cancellation or missed appointment.

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**4. Virtual / After Hours Care**

- Our providers are dedicated to being accessible and supporting your family by responding to Spruce inquiries after hours (until 8p most days) to provide advice, answer questions, review photos, etc.
- If answers are straightforward or pertaining to a recent or upcoming visit, your insurance is not billed.
- If an inquiry requires a physician's evaluation of photos, initiation of treatment or other follow-up, your insurance will be billed based on industry billing guidelines for "digital care". Typically, "digital" services are charged at a lower rate than office visits, while also saving you the time required for an office visit.
- If a phone call, in-person visit or telehealth visit is required, your insurance will be billed only for this encounter and not for the initial "digital care".
- Your insurance will be billed a convenience fee for visits after 5pm and on weekends/holidays, based on industry billing guidelines.

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**5. Well Care Scope Limitations**

- If issues are raised during a well care visit which are not covered under standardized insurance guidelines for a well care visit, your insurance will be billed for an additional "sick" visit.
- This approach (vs. having a separate sick visit) addresses your child's needs sooner and saves you both time and money since charges for an add-on sick visit are lower than a stand-alone sick visit.

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**My signature below affirms that I:**

- Have read and agree to comply with all policies outlined in this document.
- Authorize the Practice to securely store my credit card information and use it to pay charges owed for care provided that has not been paid by my insurance.
- Understand that I am responsible for all charges not paid by insurance for services provided by the Practice to all children for whom I am a legal guardian.
- Understand that failure to comply with these policies may result in dismissal from Practice.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail of person to be notified for billing/payment info: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_