

**MAPLE AVENUE PEDIATRICS
BILLING POLICY**

PAYMENT

FULL PAYMENT FOR SERVICES ARE DUE AT THE TIME SERVICES ARE RENDERED.
We accept cash, personal checks, MasterCard & VISA.

HMO & MANAGED CARE PLANS

Co-pay, if applicable, is due at the time services are rendered. There is an additional \$10.00 fee if co-payment is not made when services are rendered. We will submit the claim to your insurance company. We will bill you for any balance indicated on your explanation of benefits. Payment is due within a month of the date we balance bill you. If you disagree with your insurance company's processing of your claim, you must contact them and then notify us if they agree to reprocess the claim. The relevant claim balance will still be considered "due from patient" until your insurance company actually reprocesses the claim.

Please note that even when we are participating providers in your plan, you may be responsible for amounts other than your co-pay or coinsurance, such as fees for well care visits or immunizations not covered under your plan or deductible amounts, etc. **It is in your best interest to clearly understand the terms of your plan before services are rendered.**

*NOTE THAT THERE ARE MANY DIFFERENT TYPES OF PLANS FOR EACH INSURANCE COMPANY. IT IS YOUR RESPONSIBILITY TO VERIFY WITH YOUR INSURANCE COMPANY THAT WE ARE PARTICIPATING PROVIDERS IN YOUR SPECIFIC PLAN. OUR DOCTORS' NAMES MAY APPEAR IN YOUR INSURANCE COMPANY'S LIST OF PARTICIPATING PROVIDERS AND YET WE MAY NOT PARTICIPATE IN YOUR SPECIFIC PLAN (THIS IS PARTICULARLY TRUE WITH BCBS PLANS).

PATIENTS COVERED BY TWO PLANS

If we are participating providers in your primary insurance plan, we will submit the claim to the primary plan only. We do not submit to secondary plans. Please note that your primary plan is generally the one where the subscriber has the earlier birthday in the calendar year (the insurance companies' "birthday rule"). Claims must be submitted to the primary carrier first.

REFERRALS

For services we advise you to obtain outside our office (specialist visits or lab tests), requirements vary among insurance plans. We cannot possibly keep abreast of each plan's provisions. **It is your responsibility to know and inform us of your specific plan's requirements.** Furthermore, while we will do our best to refer you to a specialist who participates with your insurance company, you must double-check that any specialist we refer you to is currently a participating provider in your specific plan. Please understand if services are provided by a non-participating specialist or lab or if you obtain services not covered by your specific plan, you will be responsible for the fees billed by the provider.

For non-urgent referrals please call our office Mondays thru Friday between 9:00 and 1:00.

RESPONSIBLE PARENT

In cases of divorced or separated parents, our policy is that the parent or guardian bringing the child into our office must ensure that we receive payment.

Our billing office is open 9:00-5:00 to answer any questions, 201-797-5579. However, please understand that we cannot be familiar with the specific terms of every policy issued by every insurance company, and you should address your **specific** questions to **your insurance company**.

Additional charges provided on separate sheet.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PRINTED NAME _____