



Financial Agreement

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our practice manager. We are dedicated to providing the best possible care and service to your family and regard your complete understanding of your financial responsibilities as an essential element of this care and treatment.

Payment

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept cash, checks, and credit cards including Visa, MasterCard, and Discover. We do not accept American Express or postdated checks. Any returned checks will result in a \$35 service charge.

Insurance

Insurance is your responsibility. You must present a valid insurance card at every visit. We are not responsible for obtaining or maintaining ID numbers, or knowing all the ins and outs of your plan. We are committed to providing the best evidence based care established on published guidelines and do not base our care on what your insurance covers.

We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement. Insurance companies require you to pay the authorized copayment at the time of service. Deductibles (if known) and fees for non-covered services are due at the time of service.

In the event that we cannot verify your insurance, you will need to either pay in full at time of service or see the practice administrator to make other arrangements prior to being seen. This may significantly delay your appointment.

If you or your child is in need of new health insurance, we recommend visiting the New York Official Health Plan Marketplace (<http://nystateofhealth.ny.gov>). If you are uncertain about how to obtain or renew health insurance for yourself or your child, our staff may be able to offer some assistance. Please ask if you have any questions, we are happy to help you find the answers!

Newborns

It is imperative that you add your child to your insurance policy within 30 days. Please do this as soon as possible to ensure your child is covered for all early care. **Please ensure that Dr. DiTursi is set as the primary care physician for your child's insurance plan. In the event of insurance lapse or annual recertification, you must again ensure that Dr. DiTursi is selected. The majority of plans will no longer pay for care unless it is at the office of the designated primary care physician. We regret that we will have no choice but to pass the cost on to you.** We advise contacting your insurance company before the date of delivery to confirm the initial period of coverage (this may vary by insurance plan). We file all hospital claims; any remaining balance is your responsibility and is due upon receipt of a statement from our office.



Minor Patients

For all services rendered to minor patients, we will look to the adult accompanying the patient for payment, even if that adult is not the financially responsible party.

Missed/Canceled Appointments

Appointments must be canceled at least 24 hours prior. Repeated missed or canceled appointments may result in limitations on your ability to schedule multiple children to be seen at once, or to schedule appointments during high volume times of service. Severe abuse of this policy may result in dismissal from the practice.

Payment and Collection Policies

Our goal is to provide care to your child even if you are having financial difficulties. There is no charge for speaking to the physician over the phone, and a payment plan for office visits can easily be set up. All children without insurance are eligible for free state-provided immunizations, which can be administered at the office. However, communication with the office is essential in order for Harmony Mills to continue this policy.

In particular, if your insurance has a large deductible, this may not be visible to the office at the time of check-in, and you would only be billed for your regular co-pay at time of service. In this situation, you would receive a bill for the balance owed at a later time.

Unless a prior arrangement with a written and signed agreement has been made with the practice manager, the insurance will be billed and then statements will be sent for any balance after your insurance plan pays its share. Payment is due upon receipt of this balance. If you believe there has been a billing error, please contact the office immediately. If you are unable to pay the entire balance, please contact the office immediately to set up a payment plan. Failure to respond to two statements requesting payment may trigger collections action. Should that become necessary a 30% fee or \$35 charge, whichever is greater, will be assessed to your account and will result in dismissal from the practice. You will then be responsible for all fees due to the collection agency in addition to the balance owed.

Laboratory Procedures

All in-office lab work is sent to the local LabCorp facility for processing, along with the most recent insurance information we have on file for the patient.

Harmony Mills Pediatrics is **not** responsible for verifying if LabCorp accepts any particular insurance plan(s). In the event that procedures performed by the lab are not entirely covered by the insurance plan on file, you may receive a bill from LabCorp for all or part of the charges. Harmony Mills Pediatrics has **no jurisdiction** over this process, and cannot intervene in the adjudication of such charges in any way; any questions or appeals should be directed to LabCorp or to your insurance provider.

If you would prefer to have lab work for you or your child performed at a different facility, please inform the provider at the time the samples would be drawn, and you will be given a printed prescription instead.