



INTERLACHEN  
PEDIATRICS

# Financial Policy

Interlachen Pediatrics strives to provide excellent care while attempting to keep healthcare costs as low as possible. The following information is provided to help you understand your responsibilities as well as the policies and procedures of Interlachen Pediatrics.

## **Insurance:**

Interlachen Pediatrics only bills insurance companies for which we are contracted providers. (Please visit our website for the current list of contracted insurance companies). We accept H.S.A. insurances but your full balance will be payable at the time of service. Insurance information must be provided prior to the appointment. It is your responsibility to provide us with up to date insurance information and to know your effective dates of coverage and benefit limitations. The following are specific areas you should be aware of as they pertain to your insurance benefits:

- a. Co-pays: We are required by our insurance contracts to collect all co-pays at the time of service.
- b. Assignment of Benefits and Timely Payment: Your insurance carrier is required to remit payment or provide a written response within thirty (30) days of receipt of the claim. If a problem occurs with your claim, you will be asked to assist in resolving the issue.
- c. Newborns: You must notify your insurance carrier as soon as possible of the birth of your child (ren). In addition, you generally have thirty (30) days to complete an enrollment form and forward it to your employer/broker to complete enrollment of your newborn. If this is not done in the specified time frame you will become responsible for all charges incurred on the account.
- d. Vaccines: Many insurance carriers have limited or no benefits for some or all vaccines. It is your responsibility to know your individual plan benefits as they pertain to vaccine coverage. Please notify our staff if your child is uninsured or if your child's insurance does not cover vaccines. We participate in the Vaccines for Children (VFC) program that provides federally funded vaccines that reduce your costs significantly. You will be responsible for any vaccines and administration fees not covered by your insurance carrier.

## **Patient Payments:**

Payments are due at the time services are rendered. This includes patient co-pays, co-insurance and deductibles. Interlachen Pediatrics accepts the following: cash, check, and credit/debit cards (American Express, Discover, MasterCard and Visa). If you are unable to pay at the time service, you may speak with the Business Office and set up payment arrangements. All balances will be due in full 90 days from the date of service.

### **Patient Statements:**

Statements will be generated on a monthly basis for any unpaid balances. It is your responsibility to provide us with your new address when you have moved. Balances are due upon receipt of the statement. If you do not satisfy the outstanding charges or make payment arrangements within sixty (60) days, your account will be assessed a late payment charge of 1.5% or \$5.00, whichever is greater. You can contact the Business Office by calling 407-767-2477 and selecting option 7 for the Business Office.

### **Past Due Accounts:**

If your account becomes past due we will take the necessary steps to collect this debt. This may include referral of your account to a collection agency or attorney. You agree to pay all collection and legal fees incurred to pursue collection of your debt. If legal action is required, you agree the venue shall be in Orlando, Florida. Accounts sent to a collection agency may be listed on your credit report. If your account is referred for non-payment to an outside agency, the Providers of Interlachen Pediatrics will no longer provide medical care for your children. Upon referral of your account you will be notified in writing that you have thirty (30) days to establish other medical care and during that time Interlachen Pediatrics will only provide emergency care.

### **Miscellaneous Office Charges:**

- a. Missed/Cancelled Appointments:** Interlachen Pediatrics values the time of every family we provide care to. From time to time cancellations are inevitable. As a courtesy we ask you notify our office as soon as possible but no later than 2 p.m. on the day prior to the scheduled date of the appointment (or by 2 p.m. on Friday for a Monday appointment). If you are unable to notify us, or notify us after 2 p.m. the day prior to the scheduled appointment, Interlachen Pediatrics will assess a \$25.00 fee for the missed appointment/late cancellation. This fee is not covered by insurance and will not be billed. It must be paid prior to the next office visit.
- b. Returned Checks:** Interlachen Pediatrics assesses a fee of \$20.00 for any returned checks.
- c. After-Hours Calls:** Interlachen Pediatrics provides an after hours nurse triage service to assist with urgent calls. A fee of \$30.00 will be assessed to your account for all after-hours calls.

### **Divorce:**

Interlachen Pediatrics understands the sensitive nature divorce has on the family. However, we can not be expected to know each individual situation. Therefore, it is our policy to hold both parents equally responsible for any outstanding balances on the account. It is imperative to have accurate information for both parents on file with our office.

Interlachen Pediatrics reserves the right to modify these policies anytime as necessary. Notification of any changes in policy will be provided through any one or combination of the following various means, including, but not limited to; updates on our website, postings in our offices, electronic communications, printed materials, verbal notification.