

Sunshine Pediatrics of St. Augustine Office and Financial Policy

We are pleased that you have chosen us as your healthcare provider. To avoid any misunderstandings and ensure timely payment of services, it is important that you understand your financial responsibilities with respect to your child's healthcare. If you have any questions, do not hesitate to ask a member of our staff.

Appointments

- 1) We value the time we have set aside to see and treat your child. If you are not able to keep an appointment, we would appreciate 24-hour notice. There is a charge of **\$50.00** for missed appointments.
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company to whether the visit will be covered as a healthy (well-child) visit.
- 5) Our office is by appointment only. There will be an additional **\$30.00** charge for any "walk-in" services.

Insurance Plans

Please understand:

- 1) It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.
- 2) If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 3) It is your responsibility to understand your benefit plan with regard to covered services and participating laboratories. For example :
 - a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.
- 5) We do not submit to secondary insurance plans. If you have secondary insurance, we will provide you with a receipt to submit for reimbursement.

Referrals

- 1) Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days.
- 2) It is your responsibility to know if a selected specialist participates in your plan.
- 3) Remember, we must approve referrals before they are issued.

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) Co-payments are due at the time of service. Self-pay patients are expected to pay for services in FULL at the time of the visit.
- 6) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance plan for reimbursement.
- 7) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of receipt of your bill.
- 8) If previous arrangements have not been made with our billing department, any balance outstanding longer than 90 days will be forwarded to a collection agency.
- 9) For scheduled appointments, prior balances must be paid prior to the visit.
- 10) We accept cash, checks, Visa, and MasterCard credit and debit.
- 11) A **\$100** fee will be charged for any checks returned for insufficient funds.

Forms

- 1) There is no charge for a physical and immunization form given at the time of your child's visit. This is considered part of the visit. However, should you lose your forms, there will be a **\$20.00** form fee to replace them.
- 2) Any additional school, camp, or sports forms are subject to a **\$20.00** per-form fee. Family and Medical Leave Act forms are **\$30.00**. Payment is due when the forms are dropped off. We require a 3-day turnaround time.

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunization record and your last visit to your physician, free of charge, as a courtesy to you. We need 48 hours' notice.
- 2) A copy of your complete record is available for a **\$1.00** per-page fee.

Prescription Refills

- 1) For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.