THE MARYLAND PEDIATRIC GROUP, L.L.C./PEDIATRIC CONSULTANTS, P.A.

FINANCIAL POLICY DISCLOSURE AND AGREEMENT

Thank you for selecting The Maryland Pediatric Group, L.L.C./Pedicatric Consultants P.A. for your pediatric healthcare needs. We would like to take this opportunity to inform you of our practice’s updated finacial responsibilities. These policies protect our ability to successfully provide care and responsibly adhere to mandated guidelines established by patient selected and contracted insurance companies. Your familiarity with the following policy statements and your willingness to comply are imperative for the delivery of our pediatric care.

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE PRIOR TO SEEING A PROVIDER

The Maryland Pediatric Group, L.L.C./Pediatric Consultants P.A. collects co-pays and any outstanding patient balances PRIOR to seeing the provider. Co-pays are required at the time of service as dictated by your insurance company. Outstanding patient balances are expected in full unless other arrangements have been made in advance. The Maryland Pediatric Group, LLC/Pediatric Consultants reserves the right to refuse service because of non-payment.

If you send your child into the office with another care giver, (i.e. grandparents, nanny, aunt, uncle, etc.) please provide that care giver with written consent and with your insurance card (or a copy) and co-pay to be collected at the time of service. (Consent form found on website). Any patient who is over 18 is expected to pay his/her co-pay and any outstanding balance at time of service.

The Maryland Pediatric Group, L.L.C./Pediatric Consultants P.A. accepts cash, personal check (in-state only), VISA, and/or MasterCard. There is a service charge for returned checks of $25.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments. Please contact the Practice Administrator to make these payment arrangements.

INSURANCE:

We will ask to verify your insurance at EVERY visit. Please make sure to bring your insurance card with you. We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

You (parent/legal guardian) are responsible for keeping the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. updated with correct insurance information. If the insurance company you indicated on file is incorrect (or not up to date), you will be responsible for payment of that visit (or any visit where your insurance has not been updated). You will also be responsible to submit these charges to the correct insurance company for direct reimbursement to you. Due to the strict filing guidelines, please be aware that you may have exceeded the time frame in which you may submit these charges and thus your insurance company may deny these charges. Again, you will be responsible for payment of any visit for which incorrect insurance is on file.

After receipt of your insurance payment, a patient statement will be generated. However, if you have an outstanding balance on your account and come into the office to be seen, payment of that balance is expected whether you have received a statement in the mail or
not. Keep in mind; you may receive your Explanation of Benefits from your insurance company before we receive payment from your insurance company for any date of service. This EOB (explanation of benefits) will explain what your responsibility is to the practice. We are happy to supply you with a statement while in the office to compare to your explanation of benefits; however, again, payment in full is due PRIOR to being seen.

We will also bill non-participating insurance companies as a courtesy to you. However, payment in full is expected at the time of service. Reimbursement for services rendered will be sent directly to you by the insurance company.

If you need assistance or have questions about insurance related balances, please contact our billing company, EHS, Inc. between 8:00 a.m. and 4:00 p.m., Monday through Friday at 410-785-0333.

BEFORE/AFTER HOURS APPOINTMENTS:

The Maryland Pediatric Group, L.L.C./Pediatric Consultant, P.A. providers are in the office evenings, weekends and holidays to take care of your children. Effective October 2010, the Maryland State legislation (HB435) requires many insurers to pay an additional fee to primary care physicians who see patients weekdays between 6pm and 8am, during weekends or on national holidays. This typically is a covered service of your insurance company. However, this amount could be applied to your deductible or coinsurance, thus leaving you with an out of pocket expense. Please refer to your policy.

REFUNDS:

Overpayments will be refunded upon written request and issued to the responsible party within 30 days.

MANAGED CARE:

If you are enrolled in a managed care insurance plan (i.e. HMO), you must have a current referral from your primary care physician’s office to see a specialist (Pediatric Consultants patients). We will be unable to see you if you do not have a referral at the time service is rendered. It is your responsibility to ensure that all of your referrals are up to date.

FORM FEE CHARGES:

Please see our website (www.mdped.com) for fees associated with forms.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed appointments or appointments not cancelled within 24 hours. Effective February 27, 2017, the charge for missed appointments is $25 for a single missed appointment Monday through Friday 8:30 a.m. to 5 p.m. and $50 for a single missed appointment during our extended hours 7 a.m. to 8:30 a.m. Monday through Friday, and for all Saturday appointments. The missed appointment fee will be $100 for double appointments and $150 for triple appointments that are not cancelled within 24 hours. Excessive abuse of scheduled appointments may result in discharge from the practice.

MEDICAL SUPPLIES:

If the practice orders any medical supplies or products related to the scheduled appointment with a provider in our office, the patient and/or the guarantor will be responsible for the cost of the supplies/products in addition to the fee imposed for missed appointments/late cancellations.

SELF PAY:

Under HIPAA, the Pay out of Pocket Provision states:

1. The patient or parent/legal guardian makes a Request to Restrict disclosure;
2. The disclosure is to a health plan for payment or health care operations;
3. The disclosure is not required by law, and
4. The protected health information pertains solely to health care for which the patient (or someone on behalf of the patient) has paid for in full out of pocket.

10807 FALLS ROAD, SUITE 200, LUTHERVILLE, MD 21093 PHONE: (410) 321-9393 FAX: (410) 825-4945

Saul D. Roskes, M.D. Kenneth C. Schuberth, M.D. Angela R. LaRosa, M.D. Kirsten M. Brinkmann, M.D.
Amy L. Winkelstein, M.D. Mary B. Garza, M.D. Jason P. Cervenka, M.D. Lauren P. Mendelsohn-Levin, M.D.
Elizabeth A. Donahoo, M.D. Noel B. Morelli, P.A.-C Stephanie M. Eyler, CPNP Rebecca A. Theise, CPNP Tina E. Chikovani, CPNP Lindsay E. Baron, CPNP
Emeritus: Arnold T. Sigler, M.D., Dennis L. Headings, M.D., Alan M. Lake, M.D., James E. Fragetta, M.D.
Therefore, the patient/parent/legal guardian has the right to request to pay out of pocket for services on a case by case/date of service basis (all services on any particular visit – we cannot submit some of the service to insurance and pay out of pocket for other parts of the service on the same day).

**POLICY FOR DIVORCED OR SEPARATED PARENTS:**

The Maryland Pediatric Group providers and staff are dedicated to our patients and providing quality medical care to your child(ren). Our focus is on your child’s medical, emotional or psychological health. We are not party to or to be involved in any legal issues involving divorce, separation or custody agreements. Please, read and agree to the following so that we may provide care to your child(ren).

1. The physicians, medical assistants, office and billing staff will not be put in the middle of domestic issues or disagreements over the phone or in the office.

2. Please make decisions regarding appointments, vaccinating and/or any office procedures PRIOR to visiting our practice.

3. Only in situations where there is a confirmed, documented Court Order will one of the parents be denied access to the minor child’s health records or visits at the office. The Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. must have a copy of this Court Order on file in the minor child’s electronic chart.

4. If there is NOT a court order on file with The Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A., either parent or legal guardian can sign a “Consent to Treat” form that authorizes any named individuals (like grandparents, nannies etc.) to bring your child to our practice, be present during the visit and consent to any treatment during that visit. We will not be involved in any disputes regarding named individuals on the consent forms unless instructed by the court. Either parent or legal guardian can schedule an appointment for their child, be present for the visit and/or obtain a copy of the visit summary. (Subject to medical records fee.)

5. It is both parents’ responsibility to communicate with each other about the patient’s care, office visit dates and any other pertinent information relevant to the patient. It is not the responsibility of the physician to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following visits.

6. We will not call the other parent for consent regarding appointments scheduled, restrict either parent’s involvement in the patient’s care unless authorized by law, or tolerate appointment scheduling/cancelling patterns of behavior between parents.

7. **Furthermore, payments including copays, deductibles, coinsurance or any additional fees charged by your insurance are due at the time of service regardless of which parent is responsible for medical expenses. We are not a party to your divorce agreement. We will collect payment from the parent who brings the child to their visit. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent. Any disputes about payment that end up in the collections process will be due at the next time of service or the patient will not be seen.**

8. If we feel any of the above points are becoming an issue at the office and/or compromising patient care, we have the right to discharge the family from the practice.

By signing this form, you agree to honor the above policy and understand that breaking this agreement may result in the discharge of your family from the practice.

**AUTHORIZATION TO TREAT MINOR CHILD:**

I understand that I must provide a letter or complete the form (found on MPG’s website www.mdped.com) authorizing any person other than the parents or legal guardian to bring my child(ren) to the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. for medical care and treatment. I understand that the person bringing my child(ren) will be subject to disclosure of medical and financial information pertaining to my child(ren). This letter must contain the specific date of service and/or must provide a time frame (start date/end date) for which this authorization pertains. The person authorized to bring your child must provide a copy of this letter at each and every visit. I further understand that the person authorized to bring my child for medical care and treatment must pay the copay, deductible, coinsurance or balance due at the time of service.
AUTHORIZATION TO RELEASE MEDICAL RECORDS:

In the event you need a copy of your child(s) medical records, we will be happy to forward a copy of the medical record(s) you have requested. The requested medical records will be forwarded within a reasonable time in accordance with State and Federal Regulations. However, to release any medical information that originated from the provider(s) at the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A., we must have a signed authorization (form can be located at www.mdped.com) from the person concerned or in the case of a minor child, the parent or legal guardian. In addition, we will ONLY provide documentation of services rendered at the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. Any information provided to our practice from a previous provider will not be included. The record release policy for The Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. requires that a separate Authorization Form be completed for each medical record transfer request.

According to law, the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. is permitted to charge for the cost of copying ($0.76 per page) as well as the actual cost of shipping and handling associated with processing the requested medical records. The fees that may be charged for preparation and production of medical records may be adjusted annually for inflation using the CPI on July 1st of each year. In addition, a preparation fee of $22.88 plus a fee of no more than .76 cents per page copied, plus the actual cost of shipping and handling will be charged to hospitals and insurance companies, but NOT the patient.

Health care providers may require payment of the preparation, copying, shipping and handling fees and charges before turning the records over to a patient or other authorized individual. Health care providers are required to comply with subpoenas.

Therefore, the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. will require that record transfer fees are paid prior to processing the request.

The above information is from the following State of Maryland Government website: https://health.maryland.gov/mbpme/Pages/records.aspx.

COLLECTION AGENCY:

Any outstanding balance that is the responsibility of the patient or guarantor that is past due by 60 days may be forwarded to a collection agency. Patient and/or guarantor will be responsible for any costs incurred by the practice with the collection agency in addition to the balance due.
FINANCIAL POLICY DISCLOSURE AND AGREEMENT
(Will be kept on file in patient(s) chart)

Patient name: ________________________________ Date of Birth: ________________________________

- ______initial. I acknowledge receipt and understanding of the financial policies of the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. listed in this agreement.

- ______initial. I acknowledge that I have read a copy of this agreement. I have been offered a copy of this agreement. I acknowledge that if I do not take a physical copy of this agreement that it is located on the website of the Maryland Pediatric Group, L.L.C. at www.mdped.com.

- ______initial. I acknowledge the same responsibility for the siblings listed below of the above mentioned patient.

Other children seen at this office:
Name: ________________________________ Date of Birth: ________________________________
Name: ________________________________ Date of Birth: ________________________________
Name: ________________________________ Date of Birth: ________________________________

Signature of patient, parent, guarantor/legal guardian, insured and/or authorized representative:
__________________________________________________________________________________________
Print Name: ______________________________________________________________________________
Relationship to patient(s): ___________________________________ Date: ____________________

Revised 3/19/19