**Towson Pediatrics**

1814 Belair Road STE 100

Fallston, MD 21047

(O) 443-981-3337 (F) 443-981-3286

**Financial Responsibility & Office Policies**

**Billing**

* As part of our contract with insurance companies, we are required to collect co-pays at the time of the visit. If you are not able to pay the copay, it may be necessary to reschedule the appointment.
* Full payment is due at the time of service for self-pay patients.
* We understand that there may be extenuating circumstances where full payment for balances may not be possible. In these situations, we ask that you contact our office manager to set up monthly payment arrangements. We may require a credit card on file (in our secure patient payment portal) for monthly payment plans.
* If you have an overdue balance, and you have not made financial arrangements, we may need to reschedule your appointment.
* Unresolved, outstanding balances (where financial arrangements have not been made), may result in dismissal from the practice.
* We accept Visa, Mastercard, American Express, and Discover credit cards as well as personal checks.
* Returned checks will be assessed a $25.00 fee.

**Missed Appointment Policies & Charges**

We do charge for missed appointments. There is a $65.00 fee for no shows without cancelation. Prior scheduled (well and sick visits), missed or canceled appointments, with less than 24 hours’ notice. Sick/illness visits should be canceled more than 4 hours in advance or there will be a $50 same day cancelation fee. There is a $15.00 fee for missing a vaccine only visit with one of our medical specialists. Late arrivals may need to be rescheduled.

* If you arrive 15 minutes late (or later) for your appointment, we will do our best to accommodate you. However, on certain days, it may be necessary to reschedule your appointment.
* After 3 missed appointments in total, you will be inactivated from our practice.

# Towson Pediatrics follows guidelines for Child Abuse, Confidentiality, and the Health Insurance Portability and Accountability Act

For **children 3 years of age and under**, after three “no shows” for scheduled appointments, appropriate notifications will be made as followed:

* Parents will be notified regarding 3 missed appointments that they are being inactivated from our practice and;
* Patients with **STATE** insurance: we will notify the state insurance.
* Patients with **PRIVATE** insurance: we will notify private insurance.

**Insurance**

* We participate with many insurance plans; however, coverage varies widely and part or all of your services may not be covered by your plan. If we participate with your insurance plan, we will submit the claim for you. It is your responsibility to provide accurate and timely insurance information to our practice. Inaccurate or untimely insurance information may result in denial or non-coverage of services and will become the financial responsibility or the guarantor.
* If we are designated as your primary care physician (PCP), please ensure that our name and phone number appear on your insurance card. If your insurance plan requires a PCP designation, and we have not been designated, we may need to reschedule your appointment, or you may be responsible for charges associated with the visit. Also, please be aware that not all plans cover annual health (well) physicals, sports physicals, or hearing and vision screenings. If services are not covered, you will be responsible for payment.
* It is your responsibility to understand your benefit plan, including covered services and participating laboratories.

**Phone Calls**

We want you to call. We do not want anyone sitting at home (or at the office) worrying about something, and not calling us. There is NO such thing as too small of a question, and we want you to feel comfortable with all issues regarding your child and family. Also, we do not want you to take your child to an urgent care or emergency room unless deemed necessary for their care.

Therefore, we try to make ourselves as available as possible by opening the office at 9:00 AM each day and returning your telephone calls throughout the day. It is preferred that you call early in the day if possible, in order to give us time to return your call. If your call involves a non-urgent issue, particularly one that may require more lengthy discussion, please provide an alternate number to return your call later in the day. If you will be changing location or telephone availability within a few hours of calling us, please let us know.

After hours and weekend phone calls made to the office are received by our answering service that will direct you to the physician on call. He or she can then guide you on what to do.

 **Cancellations**

If you need to cancel or reschedule an appointment, particularly a well visit or consultation, please do so at least 24 hours in advance. A significant amount of time is allotted for these appointments, and we would like to offer this time to other patients if you are unable to keep your appointment. There is a $65.00 fee for routine appointments missed appointments and a $50.00 same day sick appointment cancelation with less than 4 hours’ notice.

**Forms and Prescription Refills**

We ask for at least 72 hours’ notice for prescription refills so that we can review your child’s chart and ensure we are offering the best care for any ongoing problem. If you need your refills more urgently, please indicate this to your child’s physician.

School, daycare, camp, and similar forms take time to review, and to provide all requested information. We routinely complete these forms in two weeks. If you require the forms to be filled out on a more urgent basis, please indicate so. When giving us the forms, please make sure you fill out your part on the form. Also, please let us know how you would like us to deliver the forms back to you. We can mail them to you, fax to you or school/camp, or put them aside for you to come pick up at the office when ready for a $15.00 fee per form. We can also upload them into your patient portal for no cost to you.

**Record Release Fees**

* The Health Information Portability and Accountability Act (HIPAA) restricts us from releasing medical information without your written permission. Medical records will be provided to you electronically (through the patient portal) at no cost.
* A fee of $50 will be assessed for printed records.
* Please allow us at least 2 weeks to process medical records.

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**Financial Responsibility & Office Policies**

I have received a copy of the new office policies and agree to all terms and conditions.

Parent Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent Signature Date

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_