Dover Pediatrics, PLLC
Financial Policy

Thank you for entrusting the providers and staff of Dover Pediatrics with your child's care. The physicians, providers, and staff would like to welcome you and your child and provide your family with the highest quality pediatric health care.

Our services are recognized by most insurance companies although with the complexity of health insurance today, you may be required to pay for some or all of our services based on your insurance policy agreement. As a courtesy to our patients, Dover Pediatrics will bill most medical insurance companies for services rendered with the insurance information you provide. Once your claim has been filed to your insurance company, most claims are usually paid within thirty (30) days. Our office will make every attempt to collect payment directly from your insurance company but may ask that you provide assistance if we are unable to receive payment in a timely manner.

General Billing:

Please note that our physicians and providers follow accepted national guidelines when determining your charges. They are required to code based upon what services were provided and cannot take into account particular health plan benefits. If we do not have a contract with your insurance or insurance network, you may be responsible for the balance of the charge(s).

We provide you with a billing statement each month when there is a balance due. Balances are due within thirty (30) days of the first statement unless prior arrangements have been made with the billing department. We accept cash, checks, MasterCard, Visa, American Express, and Discover. We will charge your account a $15.00 non-sufficient funds charge if your check is returned for insufficient funds.

- **Your current insurance card** must be presented at check in for every visit. If the insurance company that you designate is incorrect, you will be responsible for payment.
- **If you have a co-payment**, we are contractually obligated by your insurance company to collect co-payments at the time of service. If you have a co-insurance and/or deductible balance obligation, we will send you a statement once your insurance has processed your charges.
- **If you have no insurance**, we will extend a 30% (thirty) reduction for all services rendered by our providers if you pay in full within thirty (30) days from the date of service. If unable to pay in full within thirty (30) days from the date of service we will extend a 10% (ten) reduction.
- **If you have financial hardship**, please ask to speak to our accounts receivable department. Payment plans are available for a maximum 6 month span. If the payment plan fails full payment will then be due.

Longitudinal Care

Longitudinal care refers to the ongoing relationship between patients and their physicians regardless of particular problem or illness. The practitioner is the "focal point for all needed services" or part of ongoing care for a single , serious and complex condition. The idea is that this type of care reduces the need for emergency room visits and hospitalizations, thus providing higher quality care at a lower cost.

Dover Pediatrics will be billing for this service with HCPC Code G2211 at each office visit

Newborn Charges:
Newborns must be added to your insurance policy within thirty (30) days from their date of birth to ensure coverage. Many families have 2 insurance policies but only plan on adding their newborn to one of the policies. Please present both insurance cards to the receptionist at your first visit as many plans offer benefits for a newborn for the first thirty (30) days of life regardless of whether they are being added to the policy or not. This can include a grand-parent policy if the mother is a dependent on that policy.

Sick Visits provided in conjunction with a Well Visit:
Additional services provided for a sick child visit during a well visit appointment may be billed to your insurance company following established guidelines. These services may result in additional co-insurances, co-payments, and/or deductible balances and are the responsibility of the account holder.

After Hours Care:
Patients accessing sick child appointments beginning at 5:00 PM Monday through Friday and any time during weekends and the six major holidays will be charged an after-hour care fee of $48.48 in addition to regular services billed. If you are covered by health insurance, this charge will be billed to your insurance company. Please note, this charge may or may not be reimbursed by your insurance company and it may be the responsibility of the account holder.

Coordination of Benefits:
The primary intentions of coordination of benefits are to make sure that individuals who receive coverage from two or more plans will receive their complete benefit entitlement and to prevent benefits from being duplicated when an individual has more than one policy in place.
Coordination of benefits is the process of determining which of the two insurance policies will have the primary responsibility of processing/paying a claim. It is the member's responsibility to coordinate their insurance plans. If plans are not coordinated the member may be liable for the charges and will be billed accordingly.

Missed appointments and late arrivals:
Our patient appointments generally follow a schedule to ensure that your child is receiving the care they need when they need it. Missed appointments and late arrivals disrupt the standard of care that we strive to provide. A Missed/Late or Late Cancellation is defined as missing an appointment without cancelling at least 24 hours before scheduled time or arriving late resulting in the need to reschedule the appointment. Upon missing your first appointment or late arrival you will be mailed a letter regarding the missed appointment. In the event of another missed appointment or late arrival, your account will be charged a $50.00 missed appointment fee and must be paid in full prior to scheduling another appointment. Excessive abuse of scheduled appointments may result in discharge from the practice.

Custody Issues:
Dover Pediatrics will not become involved in any way with custodial, separation, divorce decree interpretation or financial disputes involving or related to separated or divorced parents of a minor child. Our office holds the presenting parent/guardian financially responsible for the child's health care costs.

Timely Payments:

Our office will make every effort to communicate with you about your account balances. In the event we do not hear back from you with a mutually satisfactory resolution or if we have had no payment on your account for ninety (90) days, your account may be labeled as a 'Delinquent' account and forwarded for further collection efforts to a collection agency. Our providers may then opt to discontinue future care for patients whose accounts have delinquent account status.

If you have questions regarding your billing statements, a payment plan, or our billing processes our account receivable representatives may be reached through our main number (603) 742-4048 Ext 5. If you would prefer to meet with one of our billing representatives, they are available Monday through Friday from 8:30 am – 4:30 pm. Questions regarding your benefits with your insurance company are best handled between yourself and your insurance company.

Financial Agreement:

Our pediatric providers have a relationship with you and not your insurance company. It is the responsibility of the child's parents/guardians to understand their insurance benefits and follow up accordingly with any billing issues or concerns.

The undersigned agrees with the terms and conditions listed in our Financial Policy. By refusing to sign this financial policy, you agree to pay in full at the time of service. I certify that the information I have given to Dover Pediatrics is accurate to the best of my knowledge. I hereby authorize Dover Pediatrics, PLLC to furnish my insurance company all required information regarding charges for well visits, illnesses, and injuries. I hereby assign Dover Pediatrics all benefits for service(s) rendered.

PATIENTS NAME:_____DOB:_____

_____ _____

Parent/Legal Guardian **Date**

_____ _____

Child's Signature (if 18 + years old) Date