Financial Policies

Dear Parent:

Welcome to our office. We are pleased that you have chosen Bernardsville Pediatrics LLC to provide health care for your family. We realize that this can be very complicated. We would like to explain to you our billing, insurance, and credit policies. Here are our policies:

We participate in many insurance plans, but it is your responsibility to be fully informed about the details of your insurance policy and whether we are the participating provider.

Please bring your insurance card to the office for every visit.
We will need a copy of your driver's license and current valid insurance card as a proof of your insurance.
You must bring your insurance card on your first visit, as well as at any time your insurance coverage changes. It is your responsibility to determine that we are contracted providers before being seen. Always be sure to tell us right away when you get new insurance coverage. We are not responsible for changes in your insurance.
Please update your address, telephone and employer information with us.

Payment is due at the time of service.
If we do not have confirmation that you are covered by an insurance plan, you will be expected to pay the charges in full at the time of the visit. When we receive an insurance payment, we will promptly refund your payment.

If you have no insurance, or if we are not able to verify your insurance eligibility, we ask that you pay for the visit at the time of service.
There may be times when you are between jobs or otherwise without health insurance coverage. There may also be times when your new insurance coverage has not yet registered with your insurance plan. In these instances, we ask that you pay for the visit at the time of service. We will bill your new insurance. If they cover the claim, you will receive the refund.

We do not bill third-party insurance.
If you have been injured in an auto accident, you must tell the front office staff when you check in. You will be responsible for payment in full at the time of service.

When your insurance delays payment:
If you have regular indemnity insurance (that is, not an HMO or PPO), we will bill your insurance carrier as a courtesy to you. We ask that your estimated share be paid at the time of the visit. If your insurance carrier does not make payment within 90 days, the balance will be due in full from you. If there is a problem or a dispute over payment with the insurance carrier, this is a matter for you to pursue with them. If any payment is subsequently made by your insurance carrier in excess of the balance we estimated, we will promptly refund the credit amount to you.

When your insurance denies a claim:
If your insurance denies a claim, you will be billed for all services not covered in accordance with our insurance contracts. This may include but are not limited to denials due to eligibility, out of network services, not covered services, and maximum benefits have been reached.

Payment options:
For your convenience, we accept cash and check. If this option is not open to you, we can sometimes make arrangements for you to pay your fees over time. If you need this extra consideration, we ask that you set this up in advance with our Business Office.

Missed appointments and cancellation
We want to be available to meet your health needs. If you must cancel or reschedule your appointment, please call us 24 hours in advance.

Medical Forms
There is a $10 fee for each camp, school, etc form that the doctor must complete. There is no charge to complete medication authorization forms or working papers.

Medical Records
There is a charge for copying materials from your chart when done other than at the time of a visit including the transfer of records to another facility. A record transfer preparation fee is $1.00 per page with the minimum of $10 and a maximum of $100. These fees are subject to change.

Returned checks
There is a banking fee, currently $25, for all returned checks. If your check is returned from the bank, we will not accept a check as payment on your account. Future payments must be made with cash or money order.

Delinquent accounts
It is your responsibility to keep your account current. All charges are due in full at the time of service or upon receipt of a statement. We are not responsible for delinquent accounts due to the lack of receipt of statements or other correspondence. Notices are assumed to be acceptable if they are returned to us as unclaimed, forwarding order expired or otherwise undeliverable. Accounts outstanding over 90 days will be submitted to an outside collection agency.

Referrals
If your insurance company requires a referral for consult or treatment by a specialist or for ancillary services such as physical therapy or radiology procedures, you must receive the referral from our office before seeing a specialist. Patients are required to consult with their primary care physician prior to requesting a referral. Except in true medical emergencies, you must allow five (5) business days for our office to complete the referral.

Assignments of Benefits / Authorization / Notice of Collection Action
I request payment of insurance benefits for all services rendered to me or my child/children to be made on our behalf to Bernardsville Pediatrics, LLC. I authorize Madison- Bernardsville Pediatrics, LLC to release medical information to my insurance carrier and its entities to determine payment for services rendered. I further understand I am responsible to pay certain amounts due. These amounts may include annual deductibles, copayments, charges denied by my insurance company as not covered or not medically necessary. I am responsible for any fees incurred should my account require collection action (E.G. late fees, collection agency, court or attorney costs). Please be advised our office may contact you via an automated system regarding appointments and / or account status. I agree this authorization shall remain valid unless/ until I rescind in writing.

Use of Photograph
The undersigned agrees that any patient photographs taken in connection with medical treatment will be considered a part of the patient's record and may be used by the patient's health care provider solely for the purpose of patient identification.

New Jersey Vaccine Registry
Please be advised that our office submits information of your child's vaccinations to NJIIS (New Jersey Immunization Information System). The purpose of this program is to keep a central record of your child's immunization history.

Signature Required
The undersigned certifies that each has read and understands the above terms and conditions.

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Patient/ Patients Name (Please Print)

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Guarantor/ Parent/Guardian completing this form (Please Print) Date

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Guarantor/ Parent/ Guardian Signature Date