

**Poole and Thomas Pediatrics, PLC**

**FINANCIAL POLICY  
EFFECTIVE January 1, 2024**

Thank you for choosing and entrusting Poole and Thomas Pediatrics for your child(ren)'s care. Drs. Poole, Thomas, Crowley and Goodsell are dedicated to providing excellent care to your children at a fair and reasonable rate. In order to provide this care, we have adopted the following financial policy. We recognize that the cost of health insurance has increased; unfortunately, our costs to provide that care have risen significantly as well.

It is our goal to eliminate future misunderstandings in regards to our billing and payment policies. Our staff will be happy to discuss any fees or financial issues in advance or at the time of your visit. We participate with most major insurance plans. While we will work with you to submit your claims to your insurance company, please note that ultimately your insurance is a contract between you and your insurance carrier. Each insurance policy is individual and it is your responsibility to understand your benefits, eligibility dates, and what is and is not covered by your plan. If claims are not paid within 90 days, the unpaid balance becomes the responsibility of the parent/guardian. We will make every effort to work with you to file insurance claims and resolve any outstanding balances in a timely manner.

Please be aware that you MUST provide updated demographic (address and phone numbers) and insurance information to our office. Up-to-date information is needed for both parents. We must have a current copy of your insurance card and ID on file at all times. If your insurance changes, it is your responsibility to let us know as soon as possible, along with the effective dates of your new policy. If previous visits need to be re-filed to a different insurance, you must notify us immediately due to Timely Filing requirements by your insurance company. If you do not provide us with the correct insurance information at the time of the change, then your claims may be denied due to timely filing by your insurance and those claims would then become your financial responsibility. You will also be responsible for any denied charges due to incorrect information.

Co-pays, Co-insurance and Deductibles will be expected at time of service. Private Pay Patients are expected to pay in full at each appointment, and are given a discount at the time of service. If there is an outstanding balance on your account and you are being seen in the office, the balance will be required to be paid in FULL at time of service. NO EXCEPTIONS. In the event of a separation/divorce, the parent bringing the child for an appointment is responsible for the co-pay or balance, which is due during that visit to our office. If one parent specifically is responsible for medical bills, we must be notified by both parties. Whichever parent/guardian signs this form, you will be held responsible for any amount owed and it will be your responsibility to collect from the other party.

Poole and Thomas Pediatrics does NOT accept Cost Share plans as these are not insurance policies. We will consider patients with this coverage to be self-pay and payment is due in full at the time of service. We will be happy to provide receipts for all services rendered that families can turn in to their plan.

For all self/private-pay patients, you will be charged for care rendered at the time of service. Payment will be taken based on the information our front office staff has available to them at the time of the

appointment (Good faith estimate). Once the provider completes documentation in the patient's electronic health record, additional codes/fees may be incurred and billed to you during the next billing cycle. Should this occur, we are happy to provide an updated charge slip upon request.

Please note, if your child is being seen for a Well Child Check and you have other concerns that are not related to routine wellness care, these may generate other charges to your insurance. A listing of potential charges can be found in our office and per request in the portal.

**No show or late cancellation fee:** A fee of \$35 will be charged to patients who do not provide 24-hour notification to cancel an appointment or for patients who miss their scheduled same day appointment. After 3 no shows or late cancelled appointments, your family may be discharged from the practice. If a new patient misses their initial visit they may be dismissed from the practice.

**Phone triage:** After hours, we offer a telephone triage consultation service that puts you in touch with a pediatric trained triage nurse. Families will be charged for each triage call made (\$16). There are exceptions for advice given for infants less than 90 days old or where recommendations are given to immediately be seen by a healthcare provider. Additionally, if a provider speaks with a parent directly after hours or on the weekend, the call will be billed to your health insurance.

**Weekends and After-Hours visits:** There is an additional fee for appointments on late evenings, weekends, and holidays that may or may not be covered by your insurance. Any unpaid charges will be your responsibility.

**Payment:** We accept cash, debit cards, Visa, MasterCard, Discover, Amex. We will not accept checks as a form of payment. Our staff or contracted billing company, PedsOne, may contact you at any of the numbers provided by you in an attempt to resolve any outstanding balances. All questions regarding visit-based billing can be answered by PedsOne at 866-371-6118.

We require that every family activates a portal account as this will be our way of appointment reminders, request for forms and many other features. *Please email [portal@ptpediatrics.com](mailto:portal@ptpediatrics.com) to set up.*

You can expect to receive billing statements from our billing company (PedsOne), our vaccine supplier (Vaxcare), or directly from our office and payment is due within 30 days. If you have not made a payment within 30 days from receipt of the statement, you will receive a letter asking for payment. If we do not hear from you at that time, your account will be turned over to a professional collection agency. This will result in termination of the physician/patient relationship.

**Assignment of Benefits/Authorization:** As parent or legal guardian, I authorize payment of medical benefits directly to Poole and Thomas Pediatrics, PLC for services rendered. I further agree to be fully responsible for all lawful debts incurred for these services.

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Signature of Parent/Legal Guardian

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Date

Child(ren)'s Name(s)

Date of Birth

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