

WELCOME TO

WEST HARTFORD PEDIATRICS, LLC
785 Farmington Avenue
West Hartford, CT 06119

Phone (860) 523-4100 Fax (860) 523-1462 Billing Ph (860) 232-9702 Billing Fax (860) 523-0086

OFFICE POLICY

PLEASE READ CAREFULLY FOR FULL ACKNOWLEDGEMENT AND UNDERSTANDING

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please check-in at the front desk and **please confirm current address, contact phone number and insurance information at every visit.** If the insurance company that you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan due to filing limits applied to medical offices.
2. If your insurance policy requires a designated primary care physician, make sure our name appears on their records. You may be financially responsible for the visit if your insurance company has not been informed of your selected PCP.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. Co-payments and any outstanding balances are due at the time of service.
4. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see a specialist or prior to a procedure, and what services are covered. Please allow 3-5 days for processing.
5. **Before scheduling annual physical appointments, check with your insurance company whether the visit will be covered. Not all plans cover annual physicals, hearing, vision, developmental/depression/ADD screenings, or laboratory services. Not all services provided by our office are covered by every plan. Any service determined not to be covered by your plan will be your responsibility for payment. All services provided by West Hartford Pediatrics, LLC follow the guidelines of the American Academy of Pediatrics.**
6. **During the course of a routine physical exam, it is not uncommon for the patient to require a separate service for the evaluation and treatment of a specific problem or diagnosis. Both services must be reported to the insurance company and may result in an additional co-payment or charge as per the insurer's plan rules, which we are obligated to follow. Your financial responsibility is determined by the rules of your insurance plan.**
7. It is your responsibility to confirm whether our providers are participating in your insurance network. If our physicians do not participate in your insurance plan or you do not have insurance, payment in full is expected at the time of service.
8. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due within ten business days of receipt of your statement. Any account balance outstanding greater than 28 days will be charged a **1.25% monthly late fee.** Any balance over 90 days past due will be forwarded to a collection agency. **Outstanding balances must be satisfied before a well-child physical can be scheduled.**
9. We require 24 hours notice for canceling any appointment. **If appointments are repeatedly missed, we will no longer be able to maintain our professional relationship with your family. Our office will try to confirm all physical appointments one to two days in advance, but this procedure is a courtesy only.**
10. A **\$25.00 fee** will be charged for any **checks returned** for insufficient funds.
11. A **\$.65 per page fee and postage** will be charged for **copies of medical records.** A **\$10.00 fee** may be charged for **school/college, camp, sports, or FMLA forms.** An **extra fee of \$10.00** will be charged for an **additional copy of the original form.** The fee must be paid **prior to the records/forms being released.** We have a 7-14 day processing schedule.
12. All appointments should be made by phone prior to coming to the office. If you would like another child to be seen, please schedule both appointments in advance for accommodations.
13. I understand that billing for any telehealth (telephone or online) consultation may occur from the primary care provider. Billing is at the discretion of the provider. Not all plans cover Telehealth. Your financial responsibility is determined by the rules of the patient's insurance plan. It is the parent's/guardian's responsibility to understand the patient's benefit plan. Please call West Hartford Pediatrics, LLC if further guidance is required related to the billing procedures. The office will gladly respond to any questions related to Telehealth.