

GRANDVILLE PEDIATRICS

FINANCIAL POLICY

Grandville Pediatrics is dedicated to providing excellent care and outstanding overall service to every patient at every visit. Grandville Pediatrics participates with many of the major healthcare plans. Because the benefits and exclusions are provided to only the subscriber and the members in their family, Grandville Pediatrics has no way of knowing what they include. **Therefore it is the responsibility of the guarantor and subscriber to know the coverage and benefits of their insurance for their child or children.**

The following identifies the responsibilities of both Grandville Pediatrics and the guarantor (parent or legal guardian of the child) who consents to the services provided to the patient.

Grandville Pediatrics

RESPONSIBILITIES:

- To bill the managed care insurance plans we participate in
- To collect copayments at the time of service based on Grandville Pediatrics contract with each insurance
- To provide health care services using best practices set by the American Academy of Pediatrics
- To perform Well Child Checks based on age specific requirements set by the American Academy of Pediatrics, which may include but are not limited to, vision and hearing screening, development questionnaires, and lab testing

IMPORTANT TO NOTE: Grandville Pediatrics cannot guarantee or promise that all services provided at the time of visit will be covered by the patient's insurance plan or covered under on copayment.

Procedures performed in addition to the office visit, including but not limited to a strep test, blood draw, ear wax removal, or lab tests may require an additional copay, coinsurance and/or deductible based specifically on each patient's individual insurance plan.

For Well Child Checks: vision screening, hearing screening, developmental screening, lab tests, etc. are considered separate billable procedures from the actual well child visit and may entail an additional coinsurance or deductible or possibly may not be covered by your insurance plan.

***If other health issues or problems are addressed at the time of a Well Child Check, a separate billable visit may be charged as an addition to the well child check visit, which may require an additional copay, coinsurance, and /or deductible based on your insurance plan benefits.**

GUARANTOR'S (PARENT OR LEGAL GUARDIAN) RESPONSIBILITIES:

- To verify that Grandville Pediatrics and /or its physicians are a participating healthcare provider with your child's plan
- To verify that the physicians of Grandville Pediatrics is listed as the PCP (Primary Care Provider) with your child's plan if required by your insurance plan (If another pediatric group or provider is the PCP< we cannot bill your plan, your child may be seen, but payment may be due in full at the time of visit.)
- To know the benefits and exclusions provided by your insurance plan including the copayment amount, coinsurance, and deductible as well as the effective and expiration date.
- To Provide at the time of each visit the insurance card and all of the information required to the insurance.

○ NOTE: If this information is not provided at the time of the visit but provided at a later time, the guarantor will be responsible for paying the denied charges in full if outside the allowable billing period for your insurance plan. Grandville Pediatrics will not adjust off these charges.

Continued page 2

FINANCIAL POLICY

- To pay the required copayments always at the time of service
- To pay all coinsurances and/or deductibles upon receipt of the first statement (DUE WHEN THE 1ST STATEMENT IS RECEIVED)
- To pay in full for any services your insurance may deny as “non-covered”
- To pay in full at the time of service for any services provided by Grandville Pediatrics if we do not participate with your insurance plan (We will give you a receipt to send to your insurance to receive reimbursement)
- For patients without insurance, self-pay charges are due in full at the time of service
- To contact the Billing Dept. at 616-538-2410 Opt #1 if unable to pay upon receipt of the first statement to set up payment plan arrangements (Payment Plans must be paid in the amount and date agreed upon)
- To pay the \$20.00 return bank fee if a non-sufficient check is provided as payment
- To pay any collection fees that may be assessed if the account is turned over to collections.

IMPORTANT TO NOTE: after all attempts have been made to collect on unpaid balances, continued nonpayment of the account could result in discharge from the practice.