

## Financial Policy

Thank you for choosing Coastal Pediatric Associates (CPA) to care for your child. The following is a summary of our financial policy for you to review and sign annually. This information is also available on our website at [www.cpakids.com](http://www.cpakids.com).

### Insurance

- As a courtesy to our patients we file insurance claims to your primary and secondary insurance company when we are a participating provider.
- Please bring your insurance card to every visit, if insurance is ineligible, or invalid you will be billed for service rendered.
- If an insurance company denies payment for incorrect or incomplete information provided by you or for noncovered services, you will be expected to pay for services in full. It is your responsibility to follow up with insurance to correct any additional information they need.
- Co-payment, deductibles, and coinsurance is due at time of service. It is your responsibility to know the terms of your insurance coverage, including **well-exams visits, immunizations, procedures, lab tests and medication check visits**.
- If we do not participate in your insurance policy be aware your benefits may be reduced.
- We do not file school or automobile insurance.
- A \$30.00 additional charge may be applied to all visits scheduled for weekends, and after 6pm daily per payer guidelines.

### Self Pay

- Simple rates when paid in full at time of service or prior to check in:
- **\$120 Well check visit, \*** (includes exam, hearing, vision, topical varnish, and other age-appropriate screening tests) STD testing is extra. VFC Vaccine eligible patients will also be charged a vaccine fee for administration of \$20 per vaccine. The number of vaccines administered can vary by age so this amt can be billed to you after checkout.
- \$100 Medication Check visit, (for established patients only) \*
- **\$150 Sick/problem visits; (follow-up visit within 5 days of last visit, \$75) \***  
\*\*Exclusion/additional charges: COVID TESTING any type, RVP TESTING any type, GI PANEL, STD testing, Drug Panel Testing, All VFC Vaccine Administration fees. (\$20 ea.); Depo Provera \$100.00; Bicillin \$100 each injection
- Behavioral Health Services with Mental Health Provider have separate costs please contact office directly

### Immunizations

- If patient is insured, the immunizations given, and administration fees will be billed to the child's insurance. If charges are not paid by insurance within **45 days**, you will be financially responsible for the balance on the account. If you choose to pay out-of-pocket for the immunizations given then a minimum of 50% of the balance must be made at the time of service.
- In some instances, our providers may agree to alter the recommended immunization schedule with:  
\*An approved written plan for routine childhood immunizations is required for every child if the parent prefers to follow an alternative schedule. The mutually agreed upon plan will become part of the child's medical record.  
\*A signed statement from the parent stating understanding that your child is not being immunized according to the recommended Immunization schedule is required in the documentation of the agreed upon alternate plan.
- Variations from the recommended immunization schedule may require additional provider visits to the office and may require additional insurance co-pays or deductibles. Some insurance companies will not pay for additional visits due to split vaccinations.
- Every child may be subject to scheduling with a provider on the same day as any vaccine or injectable medication.

### Payments

- Both parents are responsible for all charges regardless of divorce or separation decree.
- Payment of estimated copay, deductible, or coinsurance is due at time of service as required by your insurance company.
- Patients may receive a monthly statement for any unpaid services, after a \$10 minimum balance. Statements may stop after 3 billing cycles, but patient is still responsible for all balance deemed patient responsibility by insurance company.
- We accept Cash, Check, Money Order, Visa, MasterCard, Discover and American Express. Please visit our website and patient portal at [www.cpakids.com](http://www.cpakids.com) to view your statement, make a payment and update account information or to ask our Billing Team a question.
- **All balances eligible for collections have received 3 statements and are subject to a \$10 collections fee.**
- The returned check fee is \$30. If we have received a returned check on your account we will no longer accept a check from you.
- We require 24 hour notice if you wish to cancel and reschedule your appointment; a \$20 fee may apply if you are a no show.
- Patients **under the age of 16** must be accompanied by a parent, legal guardian or an authorized individual.

### Termination/Discharge from Practice

- The following scenarios may jeopardize the patient/physician relationship in which Coastal Pediatric Associates will terminate and discharge the patient from the practice. The patient or parent/guardian will be sent a letter of discharge.
  - Noncompliance or abuse
  - Excessive no shows
  - Failure to meet financial obligations

Please contact our Billing Department if you have any questions concerning the CPA Financial Policy at 843-573-2535 or utilize the patient portal by visiting our website at [www.cpakids.com](http://www.cpakids.com).

## Immunization Policy Statement

**Effective August 1, 2017**

We firmly believe that routine childhood immunization prevents illness and save lives.

We firmly believe that routine childhood immunizations are safe.

We firmly believe that immunization is the single most important preventive healthcare measure available to children in the United States.

We firmly believe that all eligible children should be immunized according to the U.S. Child and Adolescent Immunization Schedule published yearly by the CDC.

We firmly believe in the concept of “herd immunity”- recognizing that, because there exist vulnerable patient populations for whom immunizations are medically contraindicated, there is a moral and ethical obligation for the rest of us to do what we can to minimize the likelihood of infection transmission.

Immunizations are the biggest medical success story of the 20<sup>th</sup> century. As a result of routine immunization:

- American children no longer contract polio
- Smallpox no longer exists
- German measles (rubella) and its threat of birth defects have decreased dramatically
- The incidence of whooping cough, bacterial meningitis, measles and chicken pox was declining in many locations (until delayed or alternative immunization schedules were started)

We cannot over-emphasize the importance of having your child immunized.

We understand that many good parents have questions and even some concerns about childhood vaccines. We also understand that a very few patients have medical contraindications to certain immunizations. We will do everything we can to convince you that completing the immunization schedule on time is in your child’s best interest. However, should you still have reservations regarding immunizations, please discuss these with your provider. In certain cases, we may agree to alter the recommended schedule to accommodate specific parental concerns.

Should you elect to follow an unconventional, alternate, or incomplete vaccination schedule, we will ask you to transparently disclose your intentions to your primary provider. That way your child’s record can be updated accordingly so that each clinician with whom you interact with is apprised of your intentions.

Please be advised that, in most cases, these unique requests will result in additional vaccine visits with a provider and additional co-pays as required by your insurance company. Furthermore, for each encounter that results in a child that is incompletely immunized as per the U.S. Child and Adolescent Immunization Schedule, you will also be required to sign a “Refusal to Vaccinate” acknowledgement which will be kept on file.

National statistical data suggests that only an extremely small percentage of parents refuse to immunize under any circumstances. If you are among those who know from the outset that you will not immunize your child at all, we ask that you find another healthcare provider. We firmly believe that your choice to not vaccinate your child puts not only your child at risk, but other infants, young children, and pregnant mothers at unnecessary risk for life threatening illness, disability, and death. Please feel free to discuss any questions or concerns you may have about vaccines with any of us. We strive to keep each one of “our kiddos” happy, healthy, and free of preventable diseases.

*Sincerely,*

***The Providers at Coastal Pediatric Associates***

## Well-Exam Visit Helpful Facts

Many insurance companies limit the amount they will pay for well-exam visits, immunizations, and procedures. To avoid unpleasant financial surprises, here are some quick helpful facts:

- Read your insurance policy carefully to determine if there is a maximum benefit amount for preventative services. If you have trouble understanding what the policy states, call your insurance company's customer service department. Often this phone number is listed on the back of your insurance card. If you discover you have a maximum benefit amount for preventative services then determine that amount and the remaining balance. Variations from the recommended immunization schedule may require additional provider visits to the office and may require additional insurance co-pays or deductible balances. Some insurance companies will not pay for additional provider visits due to an alternate immunization schedule. The parent is responsible for all costs not covered by the insurance company.
- If your insurance company has decided that they will not pay for a procedure performed in our office, the payment will be your responsibility. Our providers practice medicine based on their extensive training, experience, and recommendations of the American Academy of Pediatrics. These guidelines detail the recommended screening tests and immunizations pediatricians are expected to carry out at each well-exam visit through the age of 18. Well-exam visits may not be covered after certain ages; please verify any limitations with your insurance plan. If you are concerned about your coverage, please contact your insurance company prior to your child's visit to see if the following common well-exam procedures are covered (the middle column refers to the codes submitted for payment to your insurance company):

<b>Procedure</b>	<b>Code</b>	<b>Charge</b>
Finger/Heel Stick Blood Sample	36416	\$17.00
Hemoglobin	85018	\$20.00
Lead	83655	\$50.00
Hearing (OAE Screen)	92587	\$28.00
Vision	99177	\$10.00
Screening Questionnaires-MChat, Vanderbilts, Connor Scales, Scared, ASQs etc.	96110 96161	\$12.50
Lipid Panel	80061	\$50.00
STD Screens	Vary	Varying Amt
Topical Tooth Varnish	99188	\$25.00

- Often during a well-exam, the provider may determine that the patient is too acutely ill to perform an adequate well-exam; and therefore, will treat the patient for the illness and require him/her to return to the office for the well-exam visit when the patient is well. Additionally, if the patient has a chronic issue that needs to be discussed during a well-exam then, at the provider's discretion, either an additional exam will be charged to the patient's insurance or the patient will be required to return to the office another day to discuss the issues when proper time is allotted to cover the topic. As a medical practice who is in contract with your insurance provider, we are by law not permitted to write-off any copays, deductible, or coinsurance balances acquired by services rendered by Coastal Pediatric Associates.
- Additionally, our office policy may require that the patient be seen/evaluated by a provider on same day as an injectable medication included but not limited to antibiotics, Depo Provera etc. This may result in additional co-pays, deductible, or coinsurance balances according to your insurance coverage.