

IMPORTANT: KNOW YOUR INSURANCE COVERAGE

Please read and initial on each line

_____ **NEWBORNS: Notify your insurance company immediately!** The insurance companies **DO NOT** automatically know just because they received a claim for the birth. The baby is **PRESUMED** covered under the mother's policy for 30 days (check with your plan), but this is **PENDING** the baby being added to the plan.

_____ **It is your responsibility to know if your coverage is active.** We access the information from the insurance company, when they show the policy is **INACTIVE** we notify the person presenting the child. The visit balance is due at the time of service, or your appointment may be rescheduled.

_____ **Some Health Insurance plans require you to choose a Primary Care Physician (PCP).** One of our providers **MUST** be listed as your PCP in order for the insurance company to process your claims.

_____ **Please bring YOUR CHILD'S insurance card to EVERY visit!** Your child's card may have a different number or suffix and it does not always go sequentially (policy holder may be 01, child 05, and spouse 08). Even if you keep the same insurer from year to year it is likely that information on the card has been updated. Your card often has information needed should we have to obtain prior authorization for medications, procedures, etc.

_____ **We DO NOT know the specifics of your insurance policy. It is your responsibility to understand the details of your child's healthcare plan.** There are many benefits and cost variations chosen through an employer based on policy or the exchange. There are dozens of different plans offered by large and small insurers.

_____ **Most insurance policies now have deductibles, co-insurances, cost-shares which may be in addition to your copay.**

_____ **Most policies cover preventative health visits (well-visits), HOWEVER,** this does not mean that all services performed are covered. Insurers **MAY NOT** fully cover charges for screenings and assessments recommended by the Academy of Pediatrics Bright Futures Guidelines.

_____ **IF YOU WANT THE PROVIDER TO ADDRESS ANY HEALTH CONCERNS DURING A PREVENTATIVE CHECK (WELL VISIT), THIS WILL RESULT IN COPAY BEING APPLIED.**

_____ **Our providers recommend treatments or services that they feel are best for your child: a service (lab test), a treatment (like removal of ear wax), a procedure (like clipping of the tongue), a prescription or referral to the specialist.** This does not mean your child's insurance policy will cover these services. You may avoid out of pocket costs by checking with your insurer to see that the service or providers are in network before the service is performed.

_____ **Referrals need to be in place before making a Specialist appointment.** It is your responsibility to make sure a referral is in place **PRIOR** to the appointment. Contact the physician who submitted the referral **PRIOR** to your service. Process of referrals may take up to 10 to 15 business days based, on severity.

_____ **If seen at an Emergency Room, patient is still required to be seen by PCP for any referrals to be submitted for processing (regardless if a referral was received from an ER Physician).** This is a requirement per the insurance company.

_____ **Your insurance policy is a contract between YOU AND THE INSURANCE COMPANY.** As a courtesy, we file the claim with the insurance information provided at the visit. If the service is not covered, or you did not provide the current information we will not file for services over **60 days old** and you may be responsible for the cost of the entire visit.

_____ **We want to provide great care in an efficient manner.** Please work with us by providing timely and accurate information. If you know there is going to be an issue please let us know upfront so we can work with you. **Please contact Billing with billing questions and Physicians for treatment.**

I have read all of the above and understand/agree to all provisions therein regarding financial responsibility, child custody, and insurance coverage information as listed above.

Parent / Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)