

SUFFOLK PEDIATRIC ASSOCIATES

Office Financial Policies

It is our goal to let you know in advance of our office financial policies so we can provide as well as maintain a good practice- patient relationship. If you have any questions, please ask a member of our office staff.

APPOINTMENTS

1. When an appointment is made, we dedicate time slots to see you. If you are unable to keep an appointment, we would appreciate 24 hour notice. There is a \$25 missed appointment fee.
2. If you are late for your appointment, we will do our best to accommodate you. However there may be time when we will find it necessary to reschedule your appointment.
3. We try very hard to keep wait time to a minimum; however, emergencies do occur and may take priority over a scheduled visit. We appreciate your understanding.
4. Before making your annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy visit. Most allow 1 physical per year.

INSURANCE PLANS

Insurance plans vary considerably and we cannot predict or guarantee what parts of our services will or will not be covered. Although we will do what we can to assist you, please remember that insurance coverage is a contract between the patient and the insurance company and the patient is ultimately responsible for payment in full. Be prepared to give your insurance card at every visit.

1. It is your responsibility to keep us updated with your correct insurance information. We verify your insurance prior to every visit. We make every effort to contact you when we have a problem before you arrive.
2. Since we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not been informed that we are your PRP, your out of pocket expenses may be increased.
3. It is your responsibility to understand your plan of benefits with regard to covered services such as vaccines, well exams and participating laboratories. If you have specific questions regarding co-insurance, copays and deductibles, call the member services phone number on your card.
4. It is your responsibility to know if a written referral or authorization is required to see specialists, whether pre authorization is required prior to a procedure and what services are covered.

REFERRALS

1. Advance notice is needed for all non-emergency referrals, usually 5 business days.
2. It is your responsibility to know if a selected specialist participates in your plan.
3. Insurance companies do not allow retro-active referrals.

FORMS

Completing forms, copying medical records etc. requires office staff time and time away from patient care for our practitioners.

1. There is a \$5 form fee.
2. Some forms may require an office visit.
3. Physical forms brought in after the visit are subject to a \$5 fee. A completed form is given at each physical. Please make copies of this form for future use. Most schools or camps will accept a physical for one fill year. Please contact the school district with questions regarding sports physicals.

FINANCIAL RESPONSIBILITY

1. According to your insurance plan, you are responsible for any and all copays, deductible and co-insurances.
2. Copays are due at the time of service. A \$10 service fee will be charged in addition to your copayment if the copay is not paid by the end of that business day.
3. Self pay patients are expected to pay the services in FULL at the time of the visit.
4. If we do not participate with your insurance plan, payment in full is expected at the time of your visit. We can print out a detailed receipt for you to submit for your reimbursement.
5. Patient balances are billed upon receipt of your insurance plan's explanation of benefits.
6. Balances over 90 days may be turned over to a collection agency. We make every effort to avoid this. Please reach out to us as soon as possible when a bill cannot be paid in full.
7. In the event that your account does go to a collection agency, you will be given 30 days notice to find a new source of medical care. During that 30 day period, we will only see the child for emergency care. This applies to the whole family.
8. We accept cash, checks, MasterCard and Visa. We do not take Amex or Discover.

If you have any questions in regard to any of your billing statements, our billing department is available Monday-Friday from 9 am- 5 pm at 631-661-2510 Ext. 21 or 22. Please do not hesitate to call. We are here to assist and help you.