



*A practice of Pediatrics West, PC*

## **2017 Practice Policy & Procedures**

*All policies are subject to annual revisions*

Allergy West bills all contracted insurance companies as a courtesy to our patients. Insurance companies offer many different plans to their insured. **Allergy West does not have access to your individual insurance plan benefits. It is the patient's responsibility to understand what is covered and not covered.** For children under age 18, the person who brings the child in to the office holds financial responsibility for that day's service. When a patient turns 18 he/she will become the financial guarantor of the account.

### **FORMS OF PAYMENT**

Allergy West accepts a variety of ways for patients to pay their co-payments or outstanding balance at the time of check in.

- **Online at [pediatricswest.com](http://pediatricswest.com)**
- Cash
- Personal Checks
- Flex Spending Accounts (FSA) or Health Spending Accounts (HSA)
- Visa, MasterCard, and Discover. (No American Express)

Co-payments are a contractual obligation between you and your insurance company. All insurance companies require that all co-pays are **payable at time of service**. **If for any reason you do not pay your copayment at the time of service, you will incur a \$10.00 surcharge.** You may use a debit card that bears the Visa or MasterCard logo on them; however all debit cards will be processed as credit cards.

### **INSURANCE:**

It is also your obligation to present your insurance card at every visit. If your insurance changed and you are not in receipt of your new insurance cards, we ask that you know the details of your co-payments so you can pay it at the time of service. **We will not be able to process to an insurance provided to our office over 75 days from the date of service.**

### **BALANCE BILLING**

There are times when your insurance does not cover a charge. Allergy West reserves the right to bill you for any allowable non-covered charge, otherwise known as balance billing.

### **DISMISSAL FROM PRACTICE**

Allergy West encourages patients to keep all their scheduled appointments and follow through with treatment guidelines.

#### **Patients who exhibit one or more of the following will be considered for dismissal from the practice:**

- Delinquent in payment and have been sent to collections
- Repeatedly missing or cancelling appointments without adequate notice
- Failure to comply with treatment plan
- Disorderly conduct to staff or other patient

### **IMMUNIZATION**

Immunizations are billed with two codes: the immunization being given and a separate

code for the administration of each component of that immunization. While we do not collect a co-payment for immunization only visits, your insurance may require a co-payment. Allergy West will bill you for the co-payment and you will not be charged the failure to meet co-payment obligation at time of service. The maximum administration fee charged to VFC-eligible patients (who aren't enrolled with Medicaid) is \$23.

### **IMMUNOTHERAPY**

Once an allergy patient begins on immunotherapy (IT), the office will be mixing serum specific to that patient's plan of care. This will be a separate charge to your insurance company, that may or may not be billed on the date of service. **It is the patients responsibility to keep the office informed in changes of insurance that may impact this.**

### **LAB and XRAYs**

When a patient has lab work done at Allergy West the specimen is sent to a separate facility, Emerson Hospital, to have the tests performed. Emerson Hospital bills for the testing and AllergyWest bills for the collection of the specimen. Please be aware that current medical protocols require specific screenings. Your insurance may not cover these charges. Please check your plan coverage as insurance companies offer many individualized plans to companies.

Allergy West uses Emerson Hospital as our laboratory facility. Your specific plan may require you to use a specified laboratory, other than Emerson Hospital, for in-network benefits. It is always the responsibility of the patient to understand their individual coverage. If you need to use any lab other than Emerson Hospital, you must inform our office at each visit. Please have this conversation with the provider during the exam since the provider will be ordering the labs or tests. The front desk staff is not aware of any labs being drawn, samples collected or cultures performed at the time of check-in. You may be responsible for charges due to Emerson Hospital if you do not request a specific lab at the time of the visit.

### **REFERRAL/AUTHORIZATIONS**

It is the patient/guarantor's responsibility to know, and advise if a referral/authorization is required under your health insurance plan. If you arrive for services without a required referral/authorization in place, or a referral/authorization that has expired, or exhausted all visits you will be asked to sign a waiver, and will be responsible for payment if it is unpaid by your insurance.

### **ADVANCED BENEFICIARY NOTICE (ABN)**

You will receive an educational document that explains what an ABN is and when it is used. You will be asked to sign acceptance of this educational document. You will also be asked to sign an ABN when the visit necessitates.

### **AFTER HOURS CHARGE/ URGENT CARE**

If there is a walk-in or unscheduled urgent care visit that interrupts the schedule, there will be an additional fee charged to your insurance company. Additionally, there is a charge to your insurance for services rendered on holidays, weekdays after 5pm, and weekends.

### **ALLOWED CHARGES**

Prior to receiving any services, and upon request by a patient/guarantor, Allergy West will provide an estimate of total charges. Please request an estimate of cost form, and you will receive an estimated amount within two business days.

### **NO-SHOW/CANCELLATION FEE**

A fee of \$100 will be charged for any missed appointments or cancellations within 48 hours of the appointment for Drug/Food Challenges.

A fee of \$75 will be charged for any missed appointments or cancellations within 48 hours of the appointment for Initial Visits, SkinTests, Venom Tests, Patch Tests.

A fee of \$50 will be charged for any missed appointments or cancellations within 24 hours of the appointment for follow up visits.

In the event of inclement weather, Allergy West is committed to providing care to our patients. We will only waive a cancellation or no show fee if a State of Emergency has been declared.

**TARDINESS**

We understand that incidents can happen that prevent you from coming to an appointment on time. However, any patient that arrives 15 minutes past the scheduled appointment, will be required to reschedule so that other patients can be seen in a timely manner.

**UNINSURED PATIENTS**

Massachusetts offers affordable insurance plans for those residents who have no health insurance. If you need assistance with information, please contact our office. If you have no insurance, you will be required to pay \$100 at the time of visit. You will be balance billed, at a self pay rate for any additional costs incurred for the visit.

**TRANSFER OF RECORDS**

A \$20.00 fee will be charged for any requested transfer of medical records. There will be a \$50.00 family maximum charge. For patient privacy, you will be required to complete a record release form prior to any charts being copied.

**TELEPHONE CALLS**

Occasionally, there are times when telephone advice from a provider warrants a charge. This charge will be billed directly to your insurance company. Your insurance may or may not cover these charges.

**RETURNED CHECKS**

Allergy West accepts personal checks as a form of payment. Checks that are returned from a bank for non-payment of any reason will incur a fee of \$25.00 plus the amount of the check. If the patient has two returned checks in a 12 month period, they will be placed on a cash or credit card only basis.

**CREDIT BALANCES**

You may request a refund check for any credit balances at any time during the fiscal year.

**AUDITS**

Medical Records at Allergy West are routinely reviewed and audited to ensure compliance with all insurance and regulatory guidelines.

**Allergy West Billing**  
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**(978) 577-0422**

## **FEE SCHEDULE FOR NON-CLINICAL SERVICES**

In the last few years, non-clinical services, such as school forms, camp and sport forms, , medication refills, pre-authorizations, school/work excuses, exponentially escalated . All of these services include careful review of the patient’s history and require time-consuming telephone calls and forms to be filled out by your provider.

Because these services are not covered by insurance, many offices are requiring an office visit for everything in order to be reimbursed for the increased staff expense. We know this solution can be inconvenient for patients. So instead, we are charging a modest fee for these supplemental services.

Allergy West will charge the following fees for non-covered services:

Missed appointment (per patient)	\$100/\$75/\$50
Supplemental Document Fee (per document)	\$ 5.00
Failure to meet co-payment obligation at time of service	\$10.00
Transfer of Records Fee (per patient) (\$50.00 family max).	\$ 20.00
Return Check Fee	\$25.00

### **Referral Guidelines for Managed Care Products** *All policies are subject to annual revisions*

#### **REFERRALS**

##### **Common Terms:**

*In-Network:* this means that the provider accepts the patient’s insurance plan

*In Referral Circle:* Professionals within the Primary Care Physicians circle of specialist: Emerson Hospital then Mass General Hospital.

*Managed Care Products:* These insurance plans require patients to select a PCP and the PCP must manage their healthcare. The patient CAN NOT self refer and must obtain approval from their PCP prior to any specialty visits.

*PPO:* These patients may seek medical care where ever they choose as they do not need referrals.

*PCP:* The Physician selected by the patient/parent to manage their healthcare. Our office does not maintain records of the patient’s PCP.

