



A practice of Pediatrics West, PC

2019 Practice Policy & Procedures

All policies are subject to annual revisions

Welcome! A good relationship is essential to your overall care, and our staff is committed to the success of your medical treatment and care. Please review our practice policy and procedures to assure a successful provider/patient relationship.

INSURANCE:

- Allergy West bills all contracted insurance companies as a courtesy to our patients, but it is ultimately the patient/guarantor responsibility to ensure all services are paid in full.
- It is 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. **Due to filing limits we will not be able to process to an insurance provided to our office over 60 days from the date of service.**
- Insurance companies offer many different plans to their insured, there are 1000's of them.
 - **Allergy West does not have access to your individual insurance plan benefits. It is the patient/guarantor responsibility to understand what is covered and not covered.** Due to the constant change in insurance, it is no longer an easy job to interpret each individual policy. Although we try to stay aware of changes, it is not always possible. All insurance policies have exclusions and most policies have deductibles and co-payments. Please remember that your insurance policy is between you and your company, NOT between the insurance company and the doctor. We will do our best to help you, but don't be upset at staff or providers if they do not have the information that you need.
- 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, per Massachusetts Law.

SECONDARY/SUPPLEMENTAL INSURANCE

Some patients may have two insurance policies. It is guarantor's responsibility to inform our office which policy is primary. We will bill your primary insurance, and as a courtesy file one claim to your secondary insurance for any remaining balance. Any balance due after your primary insurance payment will be considered guarantor responsibility. (*Mass Health patients are exempt from this policy*).

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 the following payments are required to be paid prior to receiving services. You will be required to put a credit card on file, and any additional charges will be auto-charged to your card.

- \$100 for a follow up of an established patient.
- \$150 for an initial evaluation.
- \$25 for injections.
- For allergy testing or procedures please complete an estimate of cost form.

CREDIT CARD ON FILE

We offer the ability to store a credit card on file to auto charge balances (deductibles, co-pays, self-pay balances, etc).

PAYMENT PLANS

Patients who are requesting to set up a payment plan will be required to give us a credit card on file to auto-charge at specific intervals until the balance is paid off.

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 allergywest.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 may 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.

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 patient's 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/Lowell General Hospital (the specimen is sent to a separate facility, Emerson Hospital, to have the tests performed. Emerson Hospital bills for the testing and Allergy West 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/Lowell General Hospital as our laboratory facility. Your specific plan may require you to use a specified laboratory, other than Emerson Hospital/Lowell General 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/Lowell General 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

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 a completed form within two business days. That form can be used to contact your insurance carrier regarding estimated cost.

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, Skin Tests, 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 may be required to reschedule so that other patients can be seen in a timely manner.

TRANSFER OF RECORDS

A \$25.00 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
A practice of Pediatrics West, PC
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FEE SCHEDULE FOR NON-CLINICAL SERVICES

Allergy West will charge the following fees for services that are non-billable to health insurance:

Missed appointment (per patient)	\$100/\$75/\$50
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.