Financial Policy for
Northeast Cincinnati Pediatric Associates, Inc.

Welcome to Northeast Cincinnati Pediatric Associates, Inc. Thank you for choosing us for your health care.

This document details the Financial Policies of Northeast Cincinnati Pediatric Associates, Inc. By choosing us to be your health care provider, the parent, guardian or other responsible party for the patient(s), and the patient(s) if he/she is not a minor, agree to these policies. In this document, the words "you" and "your" refers to the responsible party. The words "we", "us", and "our" refer to Northeast Cincinnati Pediatric Associates, Inc.

By executing this Agreement, you are agreeing to pay for all services that are rendered by us to you or the patient(s) for whom you are financially responsible.

Payments: If you have insurance, you are responsible at the time of the visit to pay any copays as specified by the insurance company. If you have no insurance or if the services are not covered by your insurance, payment is due at the time the service is rendered. We will send you a monthly statement for any balance on your account. The word "account" means the account that has been established in your name with us to which charges are made and to which payments are credited. Unless other arrangements are approved by us, the balance on your statement is due and payable by the given due date, and is past due thereafter. We currently accept cash, checks, credit cards (Visa, MasterCard, American Express and Discover), debit cards and certain HSA cards but reserve the right to change these payment options at any time in the future.

Insurance: You agree to pay us any amounts not paid to us by your insurance. It is your responsibility to know your eligibility and coverage with your insurance and to provide that information to our office. It is also your responsibility to ensure that all required insurance permissions are obtained, including for example any required referrals, pre-certifications and pre-authorizations. If you are not sure whether such requirements are applicable, we suggest you contact your insurance company prior to your visit to verify coverage limitations and exclusions. Although we may estimate what your insurance may pay, your insurance will make the final determination after the claim has been processed. Even if you have insurance, depending upon the terms and conditions of your coverage, you may be solely responsible for the charges for certain services, including for example the following:

- Services rendered by a provider not participating with your insurance.
- Services when there is an unmet deductible under your insurance contract.
- Services not covered under your insurance, which may include, for example, well child check-ups, immunizations, vision and hearing screenings, and other services not covered.

Please check with your insurance carrier if you are not sure whether or how such conditions, limitations and exclusions apply.

Additional Treatment Costs: The fees identified below will be submitted to your insurance carrier but may not be covered by your insurance in whole or in part:

- <u>Well Visits</u>: When your child(ren) are seen for a well visit and are diagnosed and treated for a separate complaint, an additional visit charge may be applied. This additional charge may not be covered by your insurance or may incur a copayment, coinsurance or be applied to the deductible.
- <u>After Hours Fees</u>: Appointments scheduled at 5:00 P.M. or after or on Saturdays will incur an additional after-hours fee.
- <u>Forms Completion and/or Assessment</u>: A fee will be assessed for completion or assessment of forms.

Missed Appointment Fee: If you fail to show up for your appointment time and do not cancel at least 3 hours prior to your appointment a fee of $60 to $90 will be charged. If your missed appointment was scheduled with one of our counselors, such fee is instead between $90 and $200. This fee must be paid

before another appointment can be scheduled. For patients with 3 or more missed appointments within a 12 month period, you may be notified by certified mail that you will need to find a new physician for your child(ren). After the provision of such notice, we will only be available to provide emergency services to your child(ren) during a limited thirty (30) day period of time after sending such notice.

Returned Checks: There is a fee for any check returned from the bank for any reason. Such fee is currently $35.00.

Transferring Of Records: In the event that you would like us to transfer records, you will need to complete the authorization to release records form which can be obtained from our office or from our website at www.cincinnnatipediatrics.com. There is a fee for transferring records.

Your Responsibilities: It is the policy of this office to help keep your health care costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. In addition to complying with this Agreement more generally, please help us to minimize billing costs in the following ways:

- Always bring your current health insurance card to the office.
- Update any changes in insurance, address, phone number, etc. at check-in. It is important that we maintain a current address for you at all times.
- Pay your copay, coinsurance or deductible at the time of service; or if you do not have applicable insurance coverage, please come prepared to pay for your visit in full.
- Remember that you are responsible for verifying that our providers are within your insurance carrier's network and that all required referrals, pre-authorizations and pre-certifications have been obtained.

Divorce: In case of divorce or separation, you will be responsible for any and all subsequent charges. If the separation agreement, divorce decree or similar document requires the other parent to pay all or part of the treatment costs, it will be your responsibility to collect from the other parent. Depending upon the circumstances, we may also elect in our sole discretion to the extent consistent with applicable law to hold the other or both parents responsible for payment.

Past Due Accounts: If your account becomes past due, we will take the necessary steps to collect the debt. If we elect to refer your account to a collection agency due to non-payment of the account, we may no longer be able to provide care. In this case you will be notified by certified mail that you will need to find a new physician for your child(ren). After the provision of such notice, we will only be available to provide emergency services to your child(ren) during a limited thirty (30) day period of time after sending such notice. All accounts sent to a collection agency may be reported to the credit bureau.

Questions: You should receive a bill for any patient responsibility within 30 days and/or an explanation of benefits from your carrier. If you do not or if you have any questions or concerns, please contact our billing office at (513) 530-2090. Our billing office is here to assist you.