



Woburn & North Andover

pediatric associates & psychological services

Financial Policy

Thank you for choosing Woburn Pediatric Psychological Services. We are committed to providing the best care possible for our patients. If you are having financial difficulties, please reach out to our office.

PATIENT RESPONSIBILITY

All patient account balances are due within 30 days of the insurance payment unless other satisfactory arrangements have been made with the practice. Not all services are covered by all insurance companies. It should be understood that by accepting the service(s), the patient/guarantor is responsible for payment regardless of whether the insurance covers the service. The practice cannot become involved with any third-party liability matters and must always look to the patient/guarantor for payment of the bill. **The practice also cannot become involved with any separated/divorced financial responsibility matters or disputes.**

RESPONSIBILITY FOR THE BILL

It is the expectation that all the patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While the practice will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the practice in effect at the time of the appointment.

COPAYS, DEDUCTIBLES AND COINSURANCE

Copays are due at the time of service. Deductible and coinsurance will be billed accordingly. Payment will be accepted in check, credit card, and MyChart payment. According to your insurance policy, you are contractually obligated to pay for any copay due at the time of service. Patients unable to comply with our service payment policy will be referred to our billing department for necessary arrangements.

ACCEPTANCE OF INSURANCE

We cannot bill your insurance company unless you give us your insurance information (copy of card). Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If you do not have insurance that we participate with, you will be considered a self-pay patient, and full payment is expected at the time of service. A good faith estimate can be provided but this is only an estimate. Our office cannot always tell you in advance whether our charges will be covered by your insurance plan. Each insurance company has multiple plans that vary with employer group contracts. We encourage you to call your insurance company yourself to learn exactly what your mental health benefits are (they are often different from other medical benefits). While our staff is trained to assist you with your insurance questions, coverage limitations or policy restrictions can only be addressed by your employer or group health administrator. Although our assistance is available, we cannot act as a mediator on your behalf.

COORDINATION OF BENEFITS

We will submit any non-covered services and/or deductibles to your secondary insurance, provided we are contracted with the payer. Primary insurance copayments are expected and due at the time of service.

PHONE CALLS & MYCHART MESSAGES

Phone calls and MyChart responses that require your provider's clinical time and expertise may be billed to your insurance. There may be a copay or coinsurance based on your insurance company's guidelines. Contacting us in this way is considered an agreement to these conditions.

We also may bill your insurance company for phone calls to other providers and/or schools etc. to coordinate care on your behalf.

BEHAVIORAL ASSESSMENTS & DEVELOPMENTAL SCREENINGS

In accordance with federal law and American Academy of Pediatrics guidelines, we offer periodic screening for behavioral and developmental health problems at visits. These screening questionnaires allow us to provide your child with the best possible care, are required by Mass Health, and covered by most insurance providers. Please be advised that some coinsurance companies do not fully cover this assessment and you may incur a coinsurance or deductible amount for the screening.

NEUROPSYCHOLOGICAL & PSYCHOLOGICAL ASSESSMENTS & TESTING

This benefit is typically covered when deemed **medically necessary**. It is up to each individual insurance company to set the criteria of what they will cover. Academic and Educational testing is not covered by your insurance company and is considered an out-of-pocket expense that **must** be prepaid prior to services.

OFFICE NO SHOW POLICIES

We understand that life can be hectic and managing schedules is challenging. However, we do expect that you will make every effort to attend all scheduled appointments.

Any missed appointment without sufficient notification is considered a "no show". We kindly ask that you provide a minimum, 24 hours advanced notice for cancelled or rescheduled appointments. In our office, "no show" appointments or those cancelled less than 24 hours prior to the appointment will be charged a \$50 fee. Repeated no show appointments will be subject to dismissal from our practice.

OUTSTANDING BILLS

The practice reserves the right to request deposits or payment in full for any outstanding balance. Deposits will be based on the outstanding balance plus the patient's share of the bill for the new service(s) to be performed.

PAYMENT ARRANGEMENTS

The practice will make a reasonable effort to assist patients/guarantors in meeting their financial obligations. If unusual circumstances make it impossible for you to meet the terms of this financial policy, please discuss your account with Cornerstone Coding & Compliance, our billing company; at 978-322-0778 should you need to arrange a payment plan. This will avoid misunderstanding and enable you to keep your account in good standing.

RETURNED CHECKS

Any payment made by check that does not clear your bank account will result in a fee for insufficient funds. Our fee for insufficient funds is \$25 and will be added to your account for each returned check.

BAD DEBT/DISMISSAL

If your account is not paid in full or satisfactory arrangements have not been made within the allowable time frame, the practice reserves the right to refer the account to an attorney and/or a collection agency for collection of the balance. If your account is turned over for collection, in addition to the principal balance owed, you will be responsible for all legal, attorney, and collection agency fees. **This could also result in dismissal from the practice.**

Please note if you have been dismissed from the medical offices at Woburn Pediatric Associates, you will also be dismissed from Woburn Pediatric Psychological Services and vice versa.