

**Northwest Pediatrics of Oklahoma City, Inc., P.C.**  
**4140 West Memorial Road Suite 413**  
**Oklahoma City, OK 73120**

*Northwest Pediatrics policy is not to file any patient's insurance until we have received a copy of the insurance card (front and back) and ALL OF THE FOLLOWING information is to be filled out. If the insurance card and requested information is not received at the time of service, the charges will remain the patient's responsibility and insurance WILL NOT BE FILED.*

Patient Name \_\_\_\_\_ Is this policy for ALL dependants? Yes No

Date of Birth \_\_\_\_\_

Insurance Information Do you have more than one insurance policy? No Yes

Termination Date of PREVIOUS Insurance \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Network (i.e.: PCHS, Preferred Community Choice, etc.) \_\_\_\_\_

Claims Mailing Address \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

ID Number \_\_\_\_\_ Group/Acct Number \_\_\_\_\_

Copay/Deductible/Coinsurance Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Policy Holder \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

Relationship to Patient: Mother Father Self Other \_\_\_\_\_

Is your insurance through an employer? No Yes Employer \_\_\_\_\_

Secondary Insurance Information \*Termination Date of Previous Insurance \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Network (i.e.: PCHS, Preferred Community Choice, etc.) \_\_\_\_\_

Claims Mailing Address \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

ID Number \_\_\_\_\_ Group/Acct Number \_\_\_\_\_

Copay/Deductible/Coinsurance Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Policy Holder \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

Relationship to Patient: Mother Father Self Other \_\_\_\_\_

Is your insurance through an employer? No Yes Employer \_\_\_\_\_

I have read and understand the above information

Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Northwest Pediatrics of Oklahoma City, Inc Financial Policies*

Thank you for choosing *Northwest Pediatrics of Oklahoma City Inc.* as your health care provider for your children. We are committed to providing you and your child/children with the highest caliber of care. As part of your relationship with *Northwest Pediatrics of Oklahoma City, Inc.* a clear understanding of our financial policies is important so you will know what actions *Northwest Pediatrics of Oklahoma City, Inc* will be undertaking on your behalf as well as what your financial responsibilities are. Your health insurance policy is a contract between you and the insurance company. You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs.

#### **You are required to:**

- Present your insurance card at the time of each service  
  
Submit payment and assume responsibility for any and all charges your health insurance company does not pay for. This includes your co-pay, co-insurance, policy deductible, and any and all non-covered services and the outstanding balance after your insurance company has submitted payment to *Northwest Pediatrics of Oklahoma City, Inc.*
- Inform us as soon as possible if your insurance carrier changes and provide us with a copy (front and back) of your new card. In addition to the insurance card we also need to have information completed in its entirety of the guarantor of the insurance plan. This information is required to properly file all insurance information provided.
- Pay your co-pay at the time of each service. As participating providers with your medical plan our office is required to collect your copayment on the date of service. If you are unable to pay your co-payment at the time of your appointment the office will charge a \$25.00 Administrative Surcharge for processing your co-payment after your visit.
- Pay a 10% Re-filing Fee for any account balance over 60 days.
- Pay your account balance in full within 30 days of receiving *Northwest Pediatrics of Oklahoma City, Inc.* statement of outstanding charges. If your payments are not received and your account is not kept current, your account will be sent to *Northwest Pediatrics of Oklahoma City, Inc* Third Party collection agency. Please note you will be responsible for all collection fees. Provided below is a more detailed description of your financial responsibilities.

#### **Responsibility for Payment**

Even though you have health insurance, you as the guarantor are responsible for payment of all services provided by *Northwest Pediatrics of Oklahoma City, Inc* will bill your insurance company for all services rendered, with the information you have provided us. If correct information is provided to use we will not go back and re-file with the corrected information provided after timely filing period has expired.

#### **Co-Payment**

Your health insurance policy may state that you must pay a co-payment for physician visits. This payment is due the day services are rendered to your child/children. If, for an unforeseeable reason, you do not have the co-payment amount with you at the time of service, please be aware that *Northwest Pediatrics of Oklahoma City, Inc* will be charging you an administrative surcharge of \$25.00 for processing your co-payment after your visit. *Northwest Pediatrics of Oklahoma City, Inc* has a contractual agreement with the health insurance carriers to collect all co-pays on the date the services are rendered. *Northwest Pediatrics of Oklahoma City, Inc* accepts Visa, MasterCard and Discover.

#### **Referrals**

Some insurance companies require a referral if your child needs to see a specialist for any reason. It is your responsibility to call your insurance company to determine if a referral needed. If a referral is required, please let us know and we will arrange it for you. Referral MUST be requested 72 hours in advance. Any referrals requested with less than 72 hours notice will be subject to an additional fee. If services are rendered without a referral at the time of service, please note that *Northwest Pediatrics of Oklahoma City, Inc.* will no longer be responsible for obtaining and providing to specialist/provider seen.

#### **Lab/Imaging Procedures**

Often we need to order lab, imaging and other procedures. We use Mercy Health Center. If your insurance policy does not include Mercy Health Center as a network provider, please obtain the name of the alternative facility and inform the provider in advance. If we do not receive the alternative facility information and the procedures are not covered, we cannot be responsible for the cost incurred.

#### **No Show Policy**

A "No-Show" charge of \$25.00 will be billed when there is a failure to provide a 24 hour cancellation notice or a failure to arrive for a same day scheduled appointment. This charge is not covered by insurance and you will be responsible for payment. Every

attempt is made to provide reminder calls for appointments scheduled in advance; this is a courtesy only and has no effect on the financial obligation for missed appointments.

#### **Remaining Balance After Your Insurance Company has Paid**

*Northwest Pediatrics of Oklahoma City, Inc* will submit a claim to your primary health insurance company for services provided. Once your insurance company has processed your claim, *Northwest Pediatrics of Oklahoma City, Inc* will post any payment it receives to your account. If there is a remaining balance, the balance is now your responsibility. This balance may include your deductible, coinsurance and any and all non-covered charges. Payment for this balance is due upon receipt of you receiving our statement of outstanding charges. *Any balance due after 59 days will be subject to a 10% finance charge. This charge will be assessed monthly until the balance on the account has been satisfied.*

#### **Divorced Parents**

*Northwest Pediatrics of Oklahoma City, Inc* will not get involved in custodial, separation or financial disputes involving or relating to divorced parents for a minor child(ren) we provide services to. The parent who signs the initial financial policy and registration form of the minor child(ren) will be the responsible party for payments of services rendered.

#### **Credit Card Information**

*Northwest Pediatrics of Oklahoma City, Inc* accepts MasterCard, Visa, and Discover.

#### **Check Returned for Insufficient Funds**

If a check is returned to *Northwest Pediatrics of Oklahoma City, Inc* for "Non-Sufficient Funds", a \$50.00 fee will be assessed & collected.

#### **Collection Accounts**

Our office will make every effort to communicate with you about your account and will present reasonable options for payment. In the event a bill goes unpaid without contacting our Billing Dept. to discuss payment options, the account will be turned over to collections. If your account is sent to our collection agency a collection charge of 35% of the amount due will be added to the balance of your account.

#### **Failure to Pay Outstanding Balance**

If an account is not paid in full within the stated period of time of receiving *Northwest Pediatrics of Oklahoma City, Inc* Remaining Balance Invoice, *Northwest Pediatrics of Oklahoma City, Inc* will start the process of turning your account over to a third party collection agency for payment. You will be responsible for all associated collection fees imposed on *Northwest Pediatrics of Oklahoma City, Inc* by the third party agency. If your account is turned to our third party collection agency we will no longer be able to provide medical care to your child (ren).

#### **Additional Fees**

10% Re-Filing Fee will be added for account balances over 60 days

Request for Medical Records – \$1.00 for first page and \$.50 for each page thereafter

Replacement of Standard OK Health Form (valid for most school and camp medical information requests) - \$25

Medical Release of Information Forms where the standard OK Health Form cannot be used - \$10

Medical Necessity Letters - \$25 per letter

No-Show Visit (scheduled and were not cancelled 24 hours in advance) - \$25

\$25.00 Administrative Surcharge for processing your co-payment after your visit

A Collection Charge of 35% of the amount due will be added to the balance of your account if your account is sent to our collection agency.

\$10.00 Fee will be charged for account histories to include payments and visit information by date of service.

Immunization records charge -\$5.00 if second request \$10.00 (please note that initial patients will be given a shot record if not already obtained at no cost

Payment for these additional fees must accompany your request. In addition, if there is an outstanding balance on your account *Northwest Pediatrics of Oklahoma City, Inc* will ask you to submit payment in full for the outstanding balance.

**I have read the above financial policy for *Northwest Pediatrics of Oklahoma City, Inc* and I agree to the terms listed above.**

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed Name of Patient(s)** \_\_\_\_\_

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Northwest Pediatrics of Oklahoma City, Inc. Financial Policies modified September 16, 2011