



Needham Pediatrics Boston Children's Primary Care Alliance

145 Rosemary St, Entry K, Needham, MA 02494
781-444-7186 / fax 781-449-4617
www.needhampediatrics.com

Needham Pediatrics Financial Policy

Thank you for choosing Needham Pediatrics. We are pleased to be part of your health care team.

Self-Pay Patients

If you do not have health Insurance or have coverage through a carrier with which we do not participate, please be prepared to make payment at the time of service. If payment is not received, future preventative appointments cannot be scheduled

Patients with Health Insurance

Health Insurance is an agreement between yourself and your insurance company. Each plan is different and has different coverage options. Needham Pediatrics accepts a majority of health insurances offered in Massachusetts. Due to filing limitations with many insurers, the parent/guardian is responsible for informing our staff of their child's health Insurance coverage at the time of each visit.

Please be sure to bring your child's Insurance card with you each time you visit the office.

While many Insurance carriers provide payment in full for our services, some do not. Certain services and procedures provided by Needham Pediatrics (such as wart treatments, vision and hearing screens, durable medical equipment, screening forms, etc) may be your responsibility through your deductible, co-insurance or co-pay. This could include an annual physical if it has been less than one year since your last exam.

It is the responsibility of the parent/ guardian to know and understand the details of the patient's health insurance coverage. Some services may be covered by your health insurance plan. Therefore the obligation to understand what services are covered remains the responsibility of the parent/guardian.

We accept cash, check and most major credit cards

Services Rendered

Although your child may be scheduled for a particular type of visit, the physician may deem it in the best interest of your child to address other matters and concerns that were not originally

planned at the time of scheduling. This may result in a charge billed to your Insurance and possibly an out of pocket expense such as deductible, co-Insurance or co-pay.

Previous balances and/or deductibles:

We are contractually obligated with Insurance companies to bill you any portion of your treatment that your health insurance carrier assigns as your responsibility, as detailed by the terms of your health plan.

Patient balances must be paid in full within 30 days of receiving a bill.

Balances remaining on your account over 90 days will be reviewed for collection agency placement.

No-Show and Late Policy:

The providers of Needham Pediatrics make every effort to keep their schedules on time. If a patient arrives late for an appointment, it can affect the entire remainder of the day for that provider.

Patients arriving more than 15 minutes late for their appointment will be asked to reschedule. In addition, we ask for at least 24 hour notice if your child is unable to make an appointment. Patients failing to provide at least 24 hour notice will be subject to a \$50.00 missed appointment charge.

Insufficient Fund Checks:

There will be a **\$25** fee (or any check that is returned for insufficient funds).

If you have any billing or insurance questions the business office is available Monday-Friday from 8:00am- 3:00pm. The telephone number is 781-444-7190

Parent/Guardian Signature or Patient (if 18 or older)

Date



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Integrated Behavioral Health Billing and Payment Policy

These services (**Warm Hand-Off, Initial Consultation, Treatment Sessions, Collateral Contacts, etc.**) provided by Needham Pediatrics Behavioral Health providers are billed under the Behavioral/Mental Health part of your insurance plan. These services are subject to all the provisions of your plan's coverage for Behavioral Health, including separate co-payments due at time of check-in. Patients are responsible for all deductibles, co-payments, and balances that are not covered by your plan.

We need timely and accurate information from you, including a copy of your insurance card.

If your health plan denies payment or you do not have behavioral health coverage with your medical insurance, you will be responsible for all charges.

We recommend that patients contact their insurance company to be aware of your behavioral health benefits (which are different than your medical benefits), as well as any deductibles that have not been met.

LIMITATIONS: Some insurance plans have limitations on coverage of mental health care services. Should you request or agree to services not covered by your health plan, charges need to be paid by you at the time of service.

Billing Contact: Please contact our billing manager, Mary, at 781-444-7190 x 200 as soon as you become aware of any problems or coverage changes. By contacting Mary in a timely manner, you will help avoid any lapse in your care coverage.

BEHAVIORAL HEALTH COVERAGES:

INSURANCES ACCEPTED:		INSURANCES NOT ACCEPTED:
Aetna	Fallon	Children's Medical Security
BCBS	Harvard Pilgrim	Commpsyh
Carelon (BMC Wellsense)	MBHP (MassHealth)	Fallon Wellsense
Cigna (Evernorth)	Optum (United Health)	Magellan
Tufts	Unicare/Wellpoint	

Costs & Cancellations: Behavioral health visits are billed under your mental health benefits, which may carry different copays or deductibles than regular doctor visits. Please verify coverage and your financial responsibility with your insurance company prior to your appointment.

Payments can be made via MyChart, in the office or over the phone.

No-Show and Late Policy: Our providers strive to run on time to respect all patients' schedules. If a patient arrives more than 15 minutes late, they will be asked to reschedule to avoid disrupting the provider's schedule.

We require **at least 24 hours' notice for cancellations**. Missed appointments or cancellations with less than 24 hours' notice will result in a **\$50.00** missed appointment charge.

Acknowledgement:

I acknowledge that I have read and understand the above Behavioral Health Billing and Payment Policy, including insurance coverage, payment responsibility, and cancellation policy.

Patient Full Name: _____

DOB: _____

Date: _____

Parent/Guardian Signature (Or patient if 18 yo or older)