

FREYJA CLINIC PEDIATRICS

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Financial Policies

Welcome to our Medical Office. Below we describe the financial policies of the clinic, and we outline some suggestions to help expedite handling of potential insurance issues.

Insurance coverage changes constantly, and we want to inform you of two significant situations that might help you understand our billing process as it relates to immunizations, well child visits and sick visits as well as weight checks.

COVID-19 Services

Due to COVID-19 and the continuous protocol changes for clinical and billing guidelines, we cannot guarantee coverage for Telehealth and COVID-19 related office visits. **COVID-19 testing may have cost share and we may bill an office visit for COVID counseling. COVID vaccines do not have cost share, but you may be billed for an office visit if we address any issues outside of the COVID vaccine. We encourage you to schedule a separate appointment for medical concerns unrelated to the vaccine or if we address the medical concerns in addition to the vaccine this may be billed as an office visit (as well as any procedures) unrelated to the vaccine and you will have cost share on the office visit portion according to your plan benefits**

Please reach out to your insurance to verify your coverage as most visits now have cost share and are not covered at 100%. Also, please be aware during COVID-19 clinics may bill insurance companies for PPE supplies (personal protective equipment) including but not limited to additional cleaning supplies, masks, gowns, face shields etc. the code for PPE is 99072 as well as Telehealth internet minutes with code T1014. If the insurance companies allow these additional charges, you may have a deductible, co-insurance or copay and are responsible for prompt payment.

Insurance, Coverage and Network Status

Our clinic is not responsible for checking your insurance coverage for services and are unable to check that every plan is in network with our physicians. If you do not provide the correct insurance or fail to update your current insurance at the time of your visit you will be billed for those services. Patients may contact their insurance to check if future services are covered such as going off the schedule of a well child visit. For network status, we advise all patients to contact their insurance or broker and validate our tax ID and group name network status to your plan. **Our Tax ID is 47-1370520 and the group name is BayChildren's Physicians.**

Telehealth Services

Most insurance plans have patient cost share for telehealth services. Patients are responsible for knowing their telehealth coverage. Telehealth services usually will have a copay, deductible or co-insurance or may not be covered depending on what you are being seen for. Our office is not responsible for checking a patient's coverage so please contact your health insurance to review your telehealth benefits.

Alternative Vaccines Schedules

Some families wish to pursue alternative vaccine schedules. If you should choose an alternate vaccine schedule for your child, please be aware that your insurance company may not reimburse you for vaccinations or administration fees not completed at the same time that the well child check is done. In addition, you may be charged a copay for returning for an office visit off the normal vaccine schedule to receive the vaccines and for any additional examinations or counseling not associated with the vaccines. In all cases, whatever your insurance company does not cover will be your responsibility. We encourage all families to know as much as they can about their insurance plan, so please check with your insurance company before proceeding.

Insurance coverage for a Well Child and Sick Visit or Weight Checks

The second issue arises from insurance coverage of sick care visits done during a routinely scheduled "well child" examination. It is standard procedure for physicians to bill for "illness" related evaluations that are done during a routine well exam whether the parent or guardian brings up the medical issue or if it is discovered during the visit. Please be aware that sick visits and weight checks are not considered well child visits and will be applied to your medical benefit not your preventative benefit.

The following examples may be considered a medical visit during a preventative well child visit, these are examples and are not limited to the following; injuries, abnormalities, rashes, skin issues, fevers, ear issues, infections, weight abnormalities including low weight, breast feeding issues, jaundice etc... These may be billed as a separate evaluation depending on the degree of evaluation involved to the insurance as a separate insurance event (medical visit). This is not a new billing procedure and is not considered preventative.

Depending on your insurance plan, this visit will usually fall under a copay, deductible, or co-insurance, which would then be your responsibility. Please be mindful of this process when planning your "well child" preventative visits.

Any vaccines not completed at the time of the well visit due to illness will need to be completed at a separate visit. This will require a recheck or follow up visit with your provider and may require a copay based on the rules of your insurance. We encourage all families to know as much as they can about their insurance plan, so please check with your insurance company in order to clarify these issues.

Coverage

Our Clinic is not responsible for knowing your insurance policy coverage. You must contact your insurance company to determine what your policy will cover. Our providers must follow accepted national guidelines when determining what your charges will be. They must code the visit based on what services provided and cannot take into account particular health plan benefits. We are unable to switch the visit reason and diagnosis in order to be covered by your insurance. We will file all claims for covered services with your primary insurance company if the physician is a contracted provider. If you have a secondary we are not required to bill your insurance company but will send a one time claim as courtesy, if no response you will be responsible for the amount due. You are ultimately responsible for the following:

- ◆ Out-of-network charges
- ◆ Co-insurance or co-payments
- ◆ Failure to respond to insurance inquiries
- ◆ Terminated coverage
- ◆ Annual deductible amounts
- ◆ Failure to list our physician as primary
- ◆ No insurance coverage
- ◆ Non-covered services
- ◆ Failure to pick the correct HMO medical group

Copays

Co-pays are set by your insurance company and are considered a contract between you, your insurance company and employer. Per the contract you have with your insurance company, co-pays must be paid before the time of service.

Payment at Time of Service

Payment at time of service is required for the following:

- ◆ Non-covered services
- ◆ High deductibles
- ◆ No insurance coverage
- ◆ Copays

Miscellaneous Service Charges

The California Health and Safety Code and California Business and Profession Code state that Medical Offices may assess reasonable charges for the following:

- ◆ No Show appointments \$25
- ◆ After hour Phone Calls -**All calls between the hours of 6pm to 8am are after hours and will be billed to insurance if you do not have coverage you will be responsible for the full amount.**
- ◆ Same day cancellation \$20 or Co-Pay
- ◆ Medical records search/copy \$25
- ◆ Attending Physician's Statement \$50
- ◆ School form filled at a time outside of the yearly well child exam \$10
- ◆ Private Prenatal meet & Greet outside of the monthly scheduled visit \$25
- ◆ Returned Check/Insufficient Funds Fee \$25

Newborn Enrollment: Please make sure you add your newborn to your insurance plan within 30 days of birth to ensure coverage, coverage does not happen automatically after birth. If your newborn is not added, they will not have coverage and you will be responsible for all services until coverage starts. After the first 30 days please contact your insurance again to ensure your coverage will continue for your child.

Collections: If previous arrangements have not been made with our billing office, any account balance overdue by more than 90 days may be forwarded to a collection agency.

If you have personal financial problems, a monthly payment plan may be arranged. Please call our billing department and speak to one of our billing personnel.

ASSIGNMENT

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE FINANCIAL POLICIES OF THIS MEDICAL OFFICE. I ALSO AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO THIS CLINIC. I FURTHER AUTHORIZE THE RELEASE OF INFORMATION REQUIRED TO PROCESS AN INSURANCE CLAIM.

Parent/ Guardian Name _____ Child's Name _____

Signature _____ Date _____

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