BILLING FREQUENTLY ASKED QUESTIONS

Q. Do I have to **pay this bill** in full?
A. Yes. All items on this bill are your responsibility. If you are financially not able to pay this bill in full call us to discuss other payment arrangements.

Q. To make a **credit card payment**, do I have to mail my credit card information to you?
A. No. You can pay by credit card without sending your information through the mail. To pay online go to www.pediatricassociatesnky.com and click on contact us. A receipt will be e-mailed. We can also take your information over the phone, process the payment and mail or e-mail a receipt to you.

Q. My bill is for a **newborn**, is this a correct bill?
A. Yes, the bill is correct. If you have not provided our office with your child's insurance card, please do so. We need a copy of their card to file these claims. Once we have their insurance information we will file these claims. Be sure to contact your HR department or insurance carrier to add your child to your insurance plan, within 30 days of birth. Please provide our office with their insurance card, as soon as possible, but no later than their 2 month visit.

Q. What if I believe **insurance** should have paid the balance?
A. You should contact your insurance company in this case. It is best to know the exact service date when calling. If told the claim will be reprocessed, please ask how long it will take and then call us with this information.

Q. What is a **"COB"** issue?
A. Often times, an insurance company will update their records. This includes verifying that your child is covered under just one health plan. Only the parent can update this information. If we submitted the claim and it was denied for this reason, your statement will reflect that additional information is needed from you. You will need to call the insurance company and answer their questions over the phone. You will also need to advise them to reprocess all claims they have denied for this reason. You will continue to be financially responsible for these services until you resolve this issue with your insurance company.

Q. What is **coinsurance**?
A. Coinsurance is a percentage that is your responsibility. For instance, some plans pay 80% of a charge and the patient is responsible to pay the other 20%. Please contact your health plan regarding your specific coinsurance requirement.

Q. What is a **deductible**?
A. A deductible is set forth by your health plan. The deductible may apply to some or all services. For instance, services may have a $200 deductible. This means your insurance company will not pay anything towards these services until you pay the $200 amount. We ask

that you pay at least $50 at the time of service when you have a high deductible insurance plan. Questions about your specific deductible should be directed to your insurance company.

Q. What is a **co-pay**?
A. A co-pay is an amount set forth by your health plan. Co-pays are due for each office visit at the time of service.

Q. What if I am in a **divorce situation** and believe my former spouse is responsible for the balance?
A. Statements are sent only to the guarantor. The guarantor is defined as the parent/person who provides the primary care for the child. The guarantor can be different from the main insurance policy holder. The guarantor is pulled from information provided in our office. If the guarantor believes a former spouse is responsible the guarantor must forward the statement to him or her.

Q. Why do I have to pay an additional **after hours fee** for the after hours clinic?
A. We use this fee to cover the additional costs of staying open late, which include paying our nurses and front desk staff. This is an allowed charge and often covered by insurance.

Q. Why do I see a bill for **two influenza tests**?
A. The technology we use tests proteins for Influenza A and Influenza B. Insurance companies recognize this as two separate tests.

Q. Do I have to pay anything at the time of service if I have **met my deductible**?
A. It is difficult for us to know the status of everyone's deductibles. There can be significant lag time between the date of service and the date of actual billing for an office visit, test, procedure or surgery. If you know you have met your deductible, please notify our billing staff so we can verify this and make a note in your account. Once we verify your deductible is met, the $50 down payment at the time of service is waived until your deductible is reset.

Q. Why do I have to bring in my **insurance card** every visit?
A. This ensures that we are billing the appropriate insurance company and we have the most up to date personal contact information. Some of the information on the card is needed for referrals and preauthorizations to be done correctly and efficiently.

IT IS YOUR RESPONSIBILITY TO MAKE SURE WE ARE PARTICIPATING WITH YOUR INSURANCE PLAN. DUE TO THE MANY DIFFERENT PLANS WITHIN INSURANCE COMPANIES, PLEASE CALL YOUR INSURANCE COMPANY TO MAKE SURE WE ARE PARTICIPATING IN YOUR INDIVIDUAL PLAN. IF WE ARE NOT A PARTICIPATING PROVIDER FOR YOUR INSURANCE YOU MAY BE RESPONSIBLE FOR THE ENTIRE CHARGE OF THE TIME OF SERVICE