



LAKESIDE PEDIATRICS PAYMENT POLICY

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This policy has been created to more clearly communicate to our families. If you have any questions concerning this policy please speak with the front desk or billing office. We ask that you acknowledge your understanding of this policy by signing below.

INSURANCE – We are contracted with the following insurance plans and will submit claims on your behalf.

• Blue Cross Blue Shield • CIGNA/Great West • CBA Blue • First Health/Coventry Network • Dr. Dynasaur • VT Medicaid • United Healthcare • Tricare • MVP

At each visit we will ask you to verify all insurance coverage, so please be prepared with your insurance card(s).

COPAYMENTS – Payment is expected at the time of service, per our contract with your insurance plan, even if you have secondary insurance.

Please prepare whoever is bringing your child to their appointment

RESPONSIBLE PARTY – In the case of a two household family, payment will be expected from the parent bringing the child into our office, regardless of legal documentation.

BALANCES AFTER INSURANCE –Any balance due from you after insurance will be billed to you, or collected at your next visit, whichever comes first. (A detailed history of your account is always available). There may be instances when services we provide are not covered by your insurance plan. You will be responsible for payment. We will do our best to inform you when this might occur, however, it is your responsibility to know the coverage details of your insurance plan.

SELF PAY – Payment is due in full at time of service if we are not contracted with your insurance plan OR you do not have active insurance at the time of the visit. (If you later receive retroactive coverage we will refund you upon payment by your insurance plan).

ACCEPTED PAYMENT TYPES – We accept cash, check, Mastercard, Visa and American Express. We offer web portal payment access through our website for your convenience as well as the ability to retain credit card information on file in secure third party software.

TIMELY PAYMENT – If you have financial difficulty preventing you from paying your bill in full, contact our billing office to arrange a suitable payment plan. We are always willing to work with our families.

In the event you have a balance owed greater than 90 days and have made no attempt to contact us or make any payment, we will begin the collection process. This could result in dismissal from our practice. If that occurs, you will be notified with a certified letter acknowledging “emergency services only” for 30 days.

FEES

There is a \$5.00 monthly fee for bills generated more than once.

There is a \$10.00 fee for copays not paid within 48 hours of the visit.

There is a \$25.00 fee for returned checks.

There is a \$25.00 fee for camp/school forms needed within 24 hours.

There is a \$25.00 fee for missed appointments and cancellations with less than a 24 hour notice.

There is a \$25.00 fee for after hours (evenings/weekends) prescription refill requests.

Phone calls and portal messages/digital care are subject to billing provided that the visit does not either originate from a previous visit within the last 7days or lead to another within 24 hours (or the soonest available).

It is our desire to keep costs down and bill reasonable charges for our services. By agreeing to this payment policy, you assist us in this effort.

We reserve the right to make changes to this policy at any time.

Thank you.

Signature

Date