



Manhattan Valley Pediatrics Financial Policy

Thank you for choosing Manhattan Valley Pediatrics as your child's medical home.

Our goal is great quality care, with open communication and clarity about financial responsibility.

Insurance: We participate with most insurance plans. Your insurance coverage and benefits are a contract between you and your insurance company. Please provide a copy of your insurance card at each visit.

Services Not Covered by Insurance: It is your responsibility to check with your insurance company to determine covered benefits. The patient/guarantor is responsible for 100% of charges the insurance company chooses not to cover, including but not limited to co-payments, deductibles, vaccines, developmental screenings, and after-hour/weekend appointment charges.

Newborn: If, after 30 days, we are unable to verify the child has been added to the policy, the balance will become guarantor responsibility.

Managed Care Plans: If we are unable to confirm that one of our providers are listed as the PCP, we will ask that the appointment be rescheduled.

Preventive Care vs. Sick Visits Well Child checks are preventive care services meant to evaluate the child's growth, development, discuss preventative care, and review and administer vaccinations. If you have additional concerns that you would like to address such as fever, asthma, ear infections, initiating/changing a medication, ADHD etc., or if your child is medically complex, your insurance company may bill you an additional co-pay or apply this portion of your visit to your deductible. The physicians at MVP code accurately and by the Medicaid rules that govern all insurance plans, so we may bill for both

a Well visit and a Sick/Medical concern in the same visit. This cost for the additional concerns may go patient responsibility.

Portal/Phone/Telemedicine Visits: We are implementing a policy regarding charges for certain virtual visits such as patient portal messages and phone calls to ensure we can continue to provide high quality, timely care for our patients without requiring in person office visits when circumstances allow. This would include any in-depth medical decision-making questions and concerns or take longer than 5

minutes to address such as:

- New symptoms or concerns not previously discussed
- Requests for changes to medications and treatment plans
- Inquires related to chronic conditions or follow-up care

We will bill your insurance for these visits, and you may be responsible for a copay or deductible.

Late Patients: Patients arriving more than Ten minutes late for an appointment may be asked to reschedule.

Credit Card on File Policy: We participate with CardPointe, a secure Payment Processing Platform such as the ones used for online retail stores. The stored credit card can be used to pay co-pays and charges at future visits. This service is secure, encrypted, and our staff does not have knowledge of your credit card number.

Manhattan Valley Pediatrics recommends a valid credit or debit card to be kept securely on file. By initialing _____ you authorize us to charge the card for:

- Copays not collected at the time of service
- Deductibles and coinsurance
- Balances remaining after insurance processing
- No-show or late cancellation fees
- Form fees and other administrative charges
- Self-pay and non-covered services

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. Any amount not covered by the patient's insurance including applicable deductibles, additional copay, etc. will be due 30 days from the time of service. We will send a courtesy email that your statement is ready, and we will run the card on file for the balance.

No-Show and Late Cancellation Policy: There is a \$50 no-show fee that will be charged to the credit card on file. Appointments need to be cancelled at least 24 hours in advance.

Form and letter fee: Daycare forms, school forms, camp, sports, allergy, individual school, or travel letters, etc.: There will be a \$10 fee (per child, per form) for All forms. A 25 dollars fee applies for expedited same day forms

Copying Medical Records: With your written consent, we will provide you with a copy of your child's medical record for a fee of \$20 per child.

Collections: Any charges remaining unpaid for more than 90 days from the date of service are considered delinquent and will be sent to a collection agency. In this situation, the responsible party will have to correspond with the collection agency regarding any financial arrangements and will be responsible for the original amount due in addition to any fees associated with the cost of collection. (Optional: The second time a family is assigned to a collection agency it is at our discretion to dismiss the family from the practice. You will be given 30 calendar days to find a new health care provider.)

Domestic & Custodial Arrangements: We do not mediate financial disputes between divorced/separated parents. The parent signing below is responsible for all payments regardless of custody agreements.

Custody Agreements: In those families where there is a separation or divorce or a change in guardianship, we must have on file a court document indicating which parent/guardian is authorized to provide medical care, make medical decisions, and receive medical information on the child(ren). If a court document is not available, then the primary caregiver is responsible for notifying our office in writing of the above information as soon as there is a change in guardianship or custodial status.

Vaccine Policy: We at Manhattan Valley Pediatrics believe in evidence-based medicine, which has firmly shown the safety of vaccines.

We believe vaccinating children and adolescents is one of our main responsibilities as your pediatrician. In order to best protect our patients, we require families to vaccinate their children.

We strongly encourage following the AAP vaccination schedule. While we do not believe in any benefit of separating vaccines, we believe in working with families to provide care that is supportive and allows us to grow together.

To this end, we can bring your children back for additional vaccine appointments if you choose to separate vaccines, though we do not encourage this as it leaves your children at risk for serious illness.

If you are unable to commit to completing vaccines by the end of the year in which they are required, we cannot care for your children in this practice. We look forward to working together to keep your family healthy and thriving.

Vitamin K Policy: Vitamin K is needed to help blood make healthy clots. Bleeding from not having enough vitamin K can result in profoundly serious complications, such as liver dysfunction, neonatal strokes or even death. Babies cannot absorb enough vitamin K from either oral medication or from breastmilk. An intramuscular injection of vitamin K has been the standard of care since 1961 because it is the safest way to ensure that we prevent neonatal stroke from Vitamin K deficiency.

Manhattan Valley Pediatrics requires that your baby has received vitamin K in the hospital. Refusal to do so signifies Manhattan valley pediatrics will not schedule any further appointments for your child.

Family Behavior Policy:

This practice is a family-friendly pediatric office caring for impressionable young children and their families. Although occurrences are rare, Manhattan Valley Pediatrics feels strongly that our patients, their families, **and** our staff deserve to be protected from verbal abuse and aggressive behavior. We all need to respect each other and to "follow the golden rule".

For this reason, we have developed and strictly enforce a **"No Tolerance Policy"** for abusive conduct, "cussing", crude graphics or language on clothing, threatening or aggressive behavior, and larceny. These restrictions apply to any such actions toward patients, other family members and visitors, and Manhattan valley Pediatrics staff. Furthermore, these rules shall also apply to telephone calls and written communications to our office staff and clinicians. We expect a civil and harmonious environment for our pediatric patients, families, and staff.

Please sign below that you understand, agree to, and will abide by this policy. As a "No Tolerance Policy", there will be no further warnings, second chances, or exceptions. Violations will result in immediate transfer of care to another health care provider of your choice. Failure to sign this contract will result in discharge from the practice.

While we understand that disagreements may occasionally occur, these need to be resolved in a civil manner. Depending on the degree of infraction, we reserve the right to involve Child Protective Services, law enforcement, and other appropriate agencies should we deem necessary. We may press charges at our discretion.

Thank you for your interest in making The Manhattan valley pediatrics office and grounds a wholesome and safe, family-friendly environment.

Signed: _____

Date: _____

Printed name: _____

Name of Guarantor of child's Insurance: _____