



Thrive Pediatrics Financial Policy

Thank you for choosing Thrive Pediatrics to meet your child(ren)'s health needs. We are committed to providing the best care possible and appreciate your trust. The following document is our Financial Policy. Please read it carefully; we will require that you agree to and sign this Policy prior to receiving treatment.

1. Payment

- a. Payment is expected at the time of your visit. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company.
- b. If you do not carry insurance, a minimum payment of \$75 is due at the time of service.
- c. Payments and credits are applied to the oldest charge first, except for insurance payments which are applied to the corresponding dates of service.
- d. Thrive accepts the following types of payments;
 - i. Visa, Mastercard, Discover and American Express credit/debit cards
 - ii. Checks (including cashier's check and money orders. No third-party checks)
 - iii. Cash

2. Responsible Party

- a. Thrive will submit claims to your health insurance for the services provided. However, any charges accrued on the account are your responsibility. You are ultimately responsible for timely payment on your account.
- b. In divorce situations, the person bringing the child into the office is the responsible party. A divorce decree is a document that involves you, your ex-spouse, and the courts. Although a divorce decree may state that the ex-spouse is responsible for medical bills, Thrive has no authority to enforce compliance and will not enter into such discussion.
- c. You will be responsible for the charges accrued by minor children who come into the office unaccompanied, or in the presence of another caregiver.

- d. You will be responsible for the charges accrued by children who have turned 18 until such times as you notify Thrive in writing, prior to services being provided, that you no longer accept financial responsibility.

3. Billable Services

- a. Thrive will charge for services, as well as supplies used for the care of your children.
- b. Thrive will charge for all scheduled, walk-in, and after-hours appointments. Thrive will also charge for patients who are not scheduled (i.e siblings of a scheduled patient) that the provider is asked to see.
- c. Occasionally a patient will be scheduled for one type of service but there is a possibility that the provider may diagnose and treat another problem in addition to the scheduled service. When appropriate Thrive will charge for the additional service. Some insurance companies will not cover both services, which may result in a denial or higher co-pay.

4. Insurance Coverage

- a. It is your responsibility to provide accurate insurance information to Thrive at the time of service. If you do not have your insurance information, a down payment of \$75 will be collected, and any additional charges incurred will be billed to you.
- b. Thrive will create and submit claims to your health insurance on your behalf. However, we reserve the right to refuse insurance and collect payment in full from you (i.e. out of state Medicaid, health share plans or insurance information provided after claim filing deadlines, etc.)
- c. Thrive will not submit claims directly to an auto insurance carrier. We will provide you with the claim form, and you will be responsible for submitting the claim to the appropriate no-fault carrier.
- d. It is your responsibility to verify that the provider you have chosen is a participating provider under your insurance plan, prior to receiving services.
- e. It is your responsibility to verify benefits under your plan. You will be responsible for any non-covered services and services considered to be over "usual, reasonable, and customary (URC)". You will also be responsible for amounts unpaid by your insurance for any reason, unless the amounts are covered under Thrive's contractual agreement with insurance.
- f. You are responsible for obtaining a properly dated referral if required by your insurer and responsible for payment if your claim is rejected for the lack of one. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge.

- g. Thrive must, under federal law, accurately report the services provider to your child(ren). Your insurance company may not pay for all services received. Thrive cannot change correct service or diagnosis codes to make a service "fit" your insurance plan benefits. We must report the exact services provided and the exact reasoning for providing them.
- h. Your signature on this policy authorizes Thrive to release health information to insurance carriers when necessary for payment and directs them to remit payment directly to Thrive.
- i. A 30% self-pay discount is applied to all full payments received within the first payment cycle if the patient is self-pay.

5. Statements

- a. Statements will be sent on a monthly basis when our system shows a patient balance owing. The statement will list all activity on claims in question and will show the remaining balance owed, per date of service.
- b. If you have a question or concern, or if you see a discrepancy on your statement, it is your responsibility to contact the billing department as soon as possible. If we do not hear from you, we will assume the information in our system is correct and proceed accordingly.
- c. It is your responsibility to provide Thrive with your correct address and phone number. If a statement is returned for an invalid address, your account may be turned over to an outside collection agency.

6. Payment Plan Options

- a. When appropriate and at Thrive's discretion, Thrive will offer monthly payment plans to help manage your health care costs.
- b. Payments are due on or before the agreed upon date. If the agreed upon amount is not received, the payment plan will be terminated, and the account may be turned over to an outside collection agency without further notice.
- c. Payment plans are intended to help bring past-due amounts current. All co-pays and deductibles are required at the time of service and will not be added to a payment plan.

7. Collections

- a. Your account may go to collections for the following reasons that include by are not limited to;
 - i. Invalid patient demographic information (address, phone number, etc.) which prevents us from contacting you regarding your account.
 - ii. Failure to provide timely, accurate insurance information.

- iii. Failure to pay patient balances.
 - iv. Failure to follow through with payment plan agreements.
 - v. Failure to follow through with statement discrepancies, insurance denial, or any other items on your account.
 - vi. Failure to follow through with other correspondences from Thrive.
- b. Thrive makes every effort to work with you to keep your account out of collections. However, in the event that your account is referred to a third-party debt collection agency, you will be responsible for the balance of the account, in addition to a 12% collection fee and any other amounts allowed by law (interest, court costs, attorney fees, etc.) as allowed by Idaho Statute :28-22-104 Legal Rate of Interest.
- c. If your account is referred to a third-party debt collection agency, Thrive will be unable to schedule any appointments until the outstanding balance is paid in full or a payment plan has been arranged.

8. Dismissal from Thrive

- a. Thrive reserves the right to dismiss patients from our practice for non-payment. If you have established a history of non-payment on your account, you may be eligible for dismissal.
- b. Prior to dismissal, Thrive will issue a letter informing you of our intent to dismiss unless payment in full is made on your account. Payment in full includes your current account balance, in addition to any amounts that have been referred to an outside collection agency.
- c. If payment is not made within the specified amount of time, a dismissal letter will be issued. Thrive will provide emergency care only for thirty (30) days after the date of the letter to allow you time to find another provider for your child(ren). You will not be eligible to see any other providers at Thrive after the 30-day notice has expired.

9. Questions or Concerns

- a. If you have any questions regarding your account or need clarifications on any of the items in the listed financial policy, please contact our Billing Department.
- b. The billing department is available from 8am to 5pm Monday through Friday. You may contact them by phone at 208-514-0203.