



PediatricCare Associates
Pediatric and Adolescent Medicine

RELEASE, ASSIGNMENT AND FINANCIAL RESPONSIBILITIES

I acknowledge that my insurance may not cover all services requested by parent or physician. I acknowledge that my insurance carrier may process my claims with deductibles, co-insurances, and co-payments. I also acknowledge and understand that newborns and dependents **must be added** to the insurance policy in order to be covered (time frame for newborn addition is dependent on your insurance carrier).

If a denial of payment is received from my insurance carrier the charge will become my responsibility. My financial responsibility explicitly includes "non-covered" services including, but not limited to:

- * All immunizations
- * Laboratory tests performed in the Doctor's office
- * After-hours, Weekend, Walk-in, and Holiday Visit Charges
- * Vision testing
- * Hearing testing
- * Physical Exam – Well child visits requested beyond allowances of insurer
- * Developmental screening, Health Risk assessments
- * Adult Postpartum screening
- * Visits and immunizations related to travel
- * Preparation fee for forms, letters and medical records

I authorize the release of any medical or other information necessary to process or appeal a claim with my insurance carrier. I authorize payment of medical benefits to PediatricCare Associates. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

I accept financial responsibility for any treatment I agree to or request, regardless of my insurance carrier's responsibility or reimbursement. I acknowledge financial responsibility of services rendered during periods when ineligible for or not covered by my insurance.

If my account goes to collections, I am responsible for all fees incurred.

Signature of Parent/Guardian _____ Date _____

Children's Name _____

(turn form over, 2 sides)

Waiver update 01/08/20

20-20 Fair Lawn Avenue
Fair Lawn, NJ 07410
 (201) 791-4545 FAX (201) 791-3765

400 Franklin Turnpike
Mahwah, NJ 07430
 (201) 529-4545 FAX (201) 529-1596

1225 McBride Avenue
Woodland Park, NJ 07424
 (973) 256-4545 FAX (973) 826-8600

90 Prospect Avenue
Hackensack, NJ 07601
 (201) 342-4001 FAX (201) 342-9569

901 Route 23 South
Pompton Plains, NJ 07444
 (973) 831-4545 FAX (973) 831-1527

Understanding Your Insurance Plan

Many parents of our patients have questions/concerns regarding their insurance coverage of certain services. Your health insurance policy is an agreement between you and your insurance company. Our office participates with many plans, and each plan is underwritten between a person's employer and the insurance company. Therefore, **it is not possible for us to know what each individual insurance contract does and does not cover.** Insurance plans and what they cover can change from year to year and is based on each individual plan. No two plans are alike under insurance carriers.

PediatriCare Associate's fees are customary and reasonable. What we charge the insurance carrier, is in line with what they reimburse. When PediatriCare participates with your insurance plan, we charge the insurance carrier the customary rate, but you are responsible for only what the insurance states you are responsible for. Example: wellcare visit - \$120 charged to insurance. Insurance processes and allows \$90. \$30 is adjusted off by PediatriCare as a contractual agreement between us and your insurance. See following examples of what your financial obligation may be:

Co-pays – as determined by your insurance carrier/employer contract. Carriers normally apply co-pays to the office code for sick visits; also can apply to wellcare visits. Under the National Healthcare Reform Act, insurance carriers are not allowed to charge a co-pay on the wellcare office code, but they are allowed to apply it to other services performed during the course of a wellcare check-up. Co-pays are your responsibility to pay.

Co-insurances – as determined by your insurance carrier/employer contract. Example – insurance allows \$20 towards a service, pays \$17.50, you are responsible to pay for \$2.50 difference.

Deductibles – are determined by your insurance carrier. Under the National Healthcare Reform Act, certain wellcare diagnostic/screening procedures can be applied to deductible, by the insurance. Example – your plan has a \$2500 deductible per year. Insurance allows \$156.70 for an office/wellcare visit and applies to deductible. You are responsible to pay \$156.70.

Maximum Benefits – are determined by your insurance carrier. Example: \$500 maximum allowed on wellcare visits per year. Insurance allows \$750 towards wellcare visit charges, pays \$500 and applies \$250 to maximum benefits. \$250 would be your responsibility.

The insurance company agrees to cover the cost of certain benefits listed in your policy. These are called "covered services". **Coverage does not guarantee full payment and your insurance company may require partial payment due by the policyholder.** Your individual policy also lists the kinds of services that are not covered by your insurance company. You are responsible for any uncovered medical care that you receive. Remember that your insurance company, not your provider or the physicians' office, makes decisions about what will be paid for and what will not. Some examples:

Hearing	Vision	Urinalysis
Developmental evaluation/teen screening	Gardasil	Pulse Oxymetry
Post Partum screening	PKU	Tympanogram
After hours, weekend, & emergency office codes	Flu test	Specimen Collection & handling

PediatriCare Associate's focus and concern is the health and well being of our patients. Tests and evaluations done during the course of your child's wellcare visit are deemed necessary for the healthy development of your child.

I acknowledge that I have read and acknowledge the above information.

Signature of Parent/Guardian _____

Date _____

(turn form over, 2 sides)