

Upper Valley Pediatrics, PLLC FINANCIAL POLICY

INSURANCE – Please bring your current insurance card(s) to each appointment:

For your convenience, we accept most insurance plans; therefore, it is essential that you supply current/active insurance information at each visit.

If you have more than one insurance plan please give us your insurance information for each of your policies, so that you will get the maximum benefits.

We will submit claims to all insurances that we are contracted with.

PAYMENTS DUE FROM YOU:

- If we do not have active insurance information before your visit, **you will be responsible for payment of that visit at the time of service.** (If you notify us of insurance at a later date, we will submit any claims not over 90 days old and reimburse you if we are paid by your contracted insurance company.)
- If you have an insurance policy that we do not have a contract with, payment is expected at the time of service. We will give you the necessary paperwork to submit to your insurance.
- If you have no insurance, payment is expected at the time of service; however, if this is a hardship a payment plan can be arranged. We also do give a 20% discount when payment is made at the time of services.
- Co-pays are expected to be paid at the time of service.
- You will be responsible for payment of any balances owed by you after contracted insurance claims are processed.
- We will ask for payment of a balance owed at your next visit and/or when a statement is mailed. The expectation is for the balance to be paid within 30 days of the visit.

INSURANCE PLANS WE ACCEPT:

Aetna	Ambetter	Beacon	GEHA	NH Medicaid
Health Plans	Cigna	First Health Networks	United Healthcare	VT Medicaid
Oxford	Martins Point	Amerihealth Caritas	CBA/CBA Blue	MVP
Wellsense	Tricare Standard Plans Only	Blue Cross Blue Shield	Harvard Pilgrim	Tufts

TIMELY PAYMENT: If you have financial difficulty preventing you from paying your bill in full, you are responsible for contacting our billing office at 802-222-4722. We are always willing to work with families to arrange a suitable payment plan. Balances past due more than 120 days can be subject to submission to a collection agency.

TYPE OF PAYMENT: We accept cash, check, MasterCard, Visa, American Express and Discover

RESPONSIBLE PARTY: In the case of a two-household family, **payment will be expected from, and billed to, the parent that is currently listed in our system as the guarantor/billing account.**

FEES:

- There is a \$25.00 charge for checks returned due to insufficient funds.
- Missed or late cancelled visits will result in a fee of \$25 or \$50 dependent upon visit type/length.

X _____ Date: _____

By signing you are agreeing to comply to this financial policy and in the event of non-compliance we reserve the right to use a collection agency and report any unpaid balances to the credit bureaus.