

Why did I get a bill if I have insurance?

You have received a bill because your insurance has either applied a balance towards your annual deductible and/or out of pocket expense. If you have questions regarding this, you can contact your insurance company.

I just had a baby and the baby has insurance. Why did I receive a bill?

Most insurance companies allow 30 days for you to contact your human resources department (HR) through your employer and have the baby added to the policy. By the second check up visit to physician's office, benefits will be checked and verification will be required to file with your insurance. If insurance eligibility cannot be determined, payment will be due at time of service.

Will my insurance pay?

While we participate with most insurance, it is wise to contact your insurance company, prior to your visit, for benefits and/or out of pocket cost. You can do this by calling the members number found on the back of your insurance card. Please make sure that immunizations are covered by your carrier or else you could be responsible for the bill.

I received a bill stating that I need to update COB.

Insurance has denied payment for COB (coordination of benefits). What this means is, the subscriber/policy holder of the insurance needs to contact the insurance company to update their policy. This takes only a few minutes to do; the insurance representative will ask a few questions and normally reprocess any outstanding claims. This must be done by subscriber. The physician's office cannot update COB information due to the contract between the subscriber and insurance company. Please make sure this is done in a timely manner.

When is my copay due?

Your copay is due prior to seeing the physician on the day of your visit. We cannot waive any copays, as this is a contract between us and the insurance carrier.

Can I make a payment on my child's account by calling the office?

Yes. We can accept a payment over the phone by debit or credit.

What is a deductible? What is co-insurance?

Your deductible is the amount of money which the subscriber (policy holder) must pay before the insurance company's own coverage plan begins. A co-insurance is when your insurance company pays part of your medical bills and you pay the other part.

I received a bill for lab work that was sent to an outside lab, such as LabCorp, HMH, Quest or Commonwealth. Who do I contact?

If you rec'd a bill for lab work, most likely, your insurance has applied a deductible or co-insurance. If you disagree with this, you would need to contact your insurance company or check your benefits. If you received this from the outside lab, you will need to contact them, because we do not do their billing.

I have a flex spending card; can I use that to pay copays or balances due?

Yes, however check with your flex card benefits on how to use your card. Most of the time, the card must be used on balances during the same calendar year. Past year balances may not apply for reimbursement. Remember to request an invoice for your transaction. Some companies come back and require the patient to prove medical expenses paid. This invoice can be sent to the subscriber from the physician's office, the subscriber may then forward it on. If you need to request an itemized statement for HSA or Flex Spending accounts, please allow 2 business days.

Can I request information for monies I paid during the year for my taxes?

Yes, for itemized statements for tax purposes please allow 3-5 business days.

Who has access to my child's information?

Due to HIPAA, we cannot give any medical information out about the child unless you are a parent or guardian. A consent may be signed giving permission for certain people to receive information.

Who is financially responsible for the bills?

It is our policy that whoever brings the child in, will be responsible for the bill. In the case of divorce or separation, the party or parties for the account prior to the divorce or separation remains responsible for the account. After divorce or separation, the parent authorizing treatment for the child will be the parent responsible for subsequent charges. If the divorce decree requires the one parent to pay all or part of the treatment cost, it is still the authorizing parent's responsibility to pay us in full and collect from the other parent. We will be happy to provide a copy of the receipt to the party paying on the day of service.

Who is allowed to bring my child to the office visits?

Grandparents or other designated members of the family may bring the child to the appointment. You are authorizing them to bring the child so therefore they are responsible for any copays or balances due to be collected prior to the appointment. Please make sure that whoever is bringing the child to the appointment has the copay or appropriate payment. We reserve the right to reschedule the appointment to a later time if the balance or copay cannot be paid.

Payments are required within 30 days on all outstanding balances to avoid collection procedures.

The Billing Department

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