



## KIDS PLUS PEDIATRICS, P.C.

### GUIDE TO UNDERSTANDING HEALTH PLAN COVERAGE

We are pleased to participate in many healthcare insurance plans. Today there are hundreds of healthcare insurance companies, and each has dozens of plans. Each plan has its own restrictions, its own benefits, and its own rules and regulations, and each plan has different expectations of its members. This guide is designed to help explain our respective roles in third party reimbursement.

#### **What do I need to bring with me to the appointment in order to have the care my child receives covered by his/her healthcare plan?**

In order to process claims to an insurance carrier, we will need the following information:

- The child's full legal name.
- The child's street address (no PO Boxes).
- The child's date of birth.
- The child's insurance card, with his/her name printed on it. (This must be presented at each and every visit.) *If your child is a newborn and you do not yet have an insurance card for him/her be sure to call your insurance company to obtain one without delay. Your insurance may deny coverage if your child is not registered by 31 days old).*
- Photo ID of the parent or guardian who brings the child to our practice (or the child, if age 18 or older).
- The name, address and date of birth of the parent or guardian who is the policy holder of the child's healthcare plan.

#### **What is my financial responsibility, as the patient's parent/guardian?**

We will review the most common varieties of member financial responsibility. It is the member's responsibility to know the plan's provisions in advance of each appointment.

- Some plans have a **copayment**, which is a flat fee paid at every visit. Copayment is collected upon checking in. Some plans have 2 copayments if the patient receives both well and sick services on the same day – in those cases, the second copayment will be collected upon checking out.
- Some plans have **coinsurance**, which is when the member shares in the total payment for services rendered by paying a percentage of the total reimbursement due to the practice.
- Some plans have a **deductible**, where the plan holds the member responsible for a base amount before the plan pays for covered services.
- For all these circumstances, the patient's parent/guardian is financially responsible. These charges cannot be waived, as such waiver would violate insurance fraud laws.

#### **How do I know if my insurance will cover the in-office tests my child receives?**

Most tests are covered by the insurance company as long as your physician believes it is medically necessary. If you have questions about coverage specifics, please call your insurance carrier.

#### **How do I know if my insurance will cover the vaccines or other treatments my child receives?**

Most vaccines and in-office treatments are covered by the insurance company as long as your physician believes it is medically necessary. If you have questions about coverage specifics, please call your insurance carrier.

**How do I know if my insurance will cover tests performed in a laboratory?**

Most laboratory tests are covered by the insurance company as long as your physician believes it is medically necessary and as long as your specimen is sent to a laboratory that participates with your healthcare plan.

Our practice makes every attempt to ensure that specimens collected in the office are sent to participating laboratories. Should an error occur, we make every effort to rectify the situation with the laboratory.

On occasion, specimens must be sent to a specialized laboratory that does not participate with your healthcare plan. On those occasions, we will obtain your permission before sending your specimen to a non-participating facility. In some cases, we must secure payment from you before having your specimen sent to the non-participating laboratory.

**Will you bill both my primary and secondary insurance companies if you only participate with my primary insurance?**

Yes. However, you will be accountable for the prompt payment of any portion of the charges that your health plans allocate to your responsibility.

**Who can bring my minor child (under age 18) to your practice?**

- Children under the age of 18 must always be accompanied by a parent or guardian.
- Any person who is not the parent or guardian of a minor child may grant written authorization to another person over the age of 21 which must be on file with the office. Please ask the front desk for a form.
- Nannies, babysitters, grandparents and older siblings are not substitutes for parents or guardians.

**What happens when my child turns 18?**

As 18 is the age of majority, patients of that age are treated as adults. They must complete their own paperwork, are responsible for their own bills, and must provide written authorization before private health information can be released (even to parents).

Also, many plans require dependents aged 18 and older to prove their status as a full-time student every six months in order to be covered (even if the premium is paid). If a healthcare plan denies a claim for this reason, the patient will be held financially responsible for all charges.

**I have a question about an invoice I received. Who should I speak with?**

First, please see our handout explaining the structure of our invoices. This may quickly answer your question. If not, please call our practice and ask for the billing supervisor, who will be happy to assist you.

**Can you send bills to the patient's non-custodial parent, or split the bills?**

Sorry, no. Our policy is that the parent or guardian who brings the patient in for his/her care is financially responsible for all charges. Any bill-splitting arrangements must be independently arranged between the parents/guardians.

***Please be advised of New York Penal Code, Section 176.05***

*A fraudulent health care insurance act is committed by any person who, knowingly and with intent to defraud, present, ... a claim for payment, services or other benefit pursuant to such policy, contract or plan, which he knows to: (a) contain materially false information concerning any material fact thereto; or (b) conceal, for the purpose of misleading, information concerning any fact material thereto ... The failure to provide accurate information as to your insurance coverage, or the obtainment of services through deception, such as by misstatements, or by the false use of insurance IDs, constitutes a fraudulent act. Such acts are also subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.*

**This practice will not engage in any behavior that is fraudulent, illegal or can potentially be construed to be fraudulent or illegal.**