



## Welcome to Sunshine Pediatrics!

724 Arden Lane, Suite 100, Rock Hill, SC 29732  
Ph 803-980-7337 (PEDS) / Fax 803-980-2229 (BABY)

[www.MySunshinePeds.com](http://www.MySunshinePeds.com)

Like us on Facebook to receive Sunshine news, updates and recall notices



We are thrilled that you've chosen us to be your pediatric practice! We welcome the opportunity to build a lasting relationship with you and your family.

Our staff and doctors love the practice of pediatrics. We will do our best to earn your respect and trust, as well as create an environment that celebrates the fun and excitement of childhood. Children grow up in a flash and before you know it, they'll be moving on to a family practice doctor. We hope that before that time, your visits with us will be nothing less than a bright spot in your day!

Enclosed you will find information that includes our Notice of Privacy Practices, office and financial policies and a registration packet. The registration packet includes the following forms: a patient information sheet (a demographic form), an insurance authorization, a medical history summary, an authorization for medical care, and a release for medical records.

In order to ensure we have everything we need for your first visit, please be sure to bring the following items:

- Your most recent insurance card or proof of insurance
- At least one parent's or legal guardian's driver's license
- For school aged children: Your child's most recent vaccination record. You can get a copy from your child's school if one isn't readily available.
- The completed registration packet. If we don't have the completed forms at the time of the visit, we will provide you another one to fill out again.
- Payment for your copay, co-insurance or deductible

If you have any questions, please feel free to call our office.

Warmly,

Raj Patel, MD  
Carlos Paxtor, MD  
Lauren Keldie, APRN  
Katherine Fisher, APRN

Our Hours of Operation:

M, Tu, Th - 9am - 5pm  
Wed - 9am - 1pm  
Fr - 9am - 4:30pm  
Sat - 9am - 12noon (hours may vary)

# Sunshine Pediatrics - Your copy of Our Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We are committed to protect the privacy of your personal health information (PHI). If you have any questions about this Notice please contact the Privacy Office at 803-980-7337. Within this document "you" or "your" may refer to you or your child.

This Notice of Privacy Practices (Notice) describes how we may use within our practice and disclose (share outside of our practice) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by: (1) Posting the new Notice in our office, (2) If requested, making copies of the new Notice available in our office or by mail, or (3) Posting the revised Notice on our website: [www.MySunshinePeds.com](http://www.MySunshinePeds.com).

**Uses and Disclosures of Protected Personal Health Information** - We may use or disclose (share) your PHI to provide health care treatment for you.

**Treatment:** Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. EXAMPLE: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for. PHI may be shared with the following: (1) Insurance companies, health plans, (2) Government agencies in order to assist with qualification of benefits, (3) Collection agencies. EXAMPLE: You are seen at our practice and need to be sent for a procedure. We will need to provide a listing of services, such as x-rays, to your insurance company so that we can get prior approval for the procedure to be done and paid for.

**Healthcare Operations:** We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations. EXAMPLE: Training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills.

**Other permitted and required uses** - We may use and disclosure your PHI in other situations without your permission:

If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report suspected abuse or neglect.

Public health activities: The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Health oversight agencies: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.

Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.

Coroners, funeral directors: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Medical research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Special government purposes: Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.

Correctional institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

## **Other uses and disclosures of your health information.**

Business Associates: Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

Treatment alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment. We may do so by sending a postcard to remind you of an appointment, or calling and leaving a message on your voicemail or with another member of your household.

## **We may use or disclose your PHI in the following situations UNLESS you object.**

We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss your child's medical condition with the caregiver with whom you sent your child in for treatment.

We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

The following uses and disclosures of PHI require your written authorization:

Marketing – Disclosures of for any purposes which require the sale of your information.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

**Your Privacy Rights** - You have certain rights related to your child's PHI. These are outlined below.

All requests to exercise your rights must be made in writing. Contact: Sunshine Pediatrics, Attn: Office Manager/Privacy Officer, 724 Arden Ln, Suite 100, Rock Hill, SC 29732. Or request to speak to our Office Manager or Privacy Officer by calling us at 803-980-7337.

You have the right to see and obtain a copy of your PHI. – This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

You have the right to request a restriction of your PHI health information. – You may request for this practice not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment. There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket, in full, for a service or product, up front, unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations. – We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your health information. – You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your health information from us. – This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter time frame. If you request more than one list within a 12 month period you may be charged a reasonable fee.

## **Additional Privacy Rights**

You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible. You have a right to receive notification of any breach of your PHI.

## **Complaints**

If you think we have violated your rights or you have a complaint about our privacy practices you can contact: Sunshine Pediatrics Office Manager at 803-980-7337. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. If you file a complaint we will not retaliate against you for filing a complaint.

This notice was published and became effective on April 13, 2003 and revised on September 23, 2013.

# Information for our Parents

We take the responsibility of caring for our patients very seriously. We assume new patients that transfer to our care are doing so to transfer completely. We ask that Sunshine Pediatrics be your sole primary care provider for both sick and well visits. Patients who visit us for only one type of care, and visit another physician for another type of care, put us in an awkward position when dealing with routine treatment issues or chronic health conditions. This could be a potential danger for your child. While we respect your right for a second opinion, when care is *routinely* split between two different practices, it is our opinion that the medical care we provide could be jeopardized. For that reason, we do not offer urgent care type services to new patients who do not want to leave their current office, nor do we offer second opinions for patients from other physicians.

## SERVICES WE PROVIDE

Our board certified pediatricians and nurse practitioners provide a comprehensive list of services in order to optimize your child's physical, psychological and emotional development, including:

- Preventative services, such as well child check-ups, school or sports physicals, immunizations and health screenings
- Acute and chronic care, such as sick visits, chronic disease management, follow-ups, minor trauma, flu testing, specialist referral and coordination, and medication management
- Patient and parent counseling of health, nutrition, safety, parenting and psychosocial issues
- Referral coordination. If our physicians refer you to a pediatric specialist for a matter outside the realm of general pediatrics, our referral department can process referrals to pediatric specialists, pediatric hospitals and pediatric specialty clinics, all over the state and into NC.
- Daytime phone triage and in-house 24/7 after-hours call service
- Breastfeeding management and/or lactation service coordination
- Dental clearances for when your child has a dental procedure scheduled

## SCHEDULING APPOINTMENTS

In an effort to maintain our goals of keeping a stress-free environment for our parents, patients, staff, and providers, we schedule appointments in a particular way so that you can come, be examined, treated and leave in a timely manner. Although this cannot always be done, we pride ourselves with the many compliments and referrals we receive from parents who appreciate our efforts to be, simply put, a bright spot in your day.

To accomplish this we have several tips and policies to help us keep low wait times, ensure access to all of our patients throughout the day, and avoid overbooking to make up for patients who no-show their appointments.

1. **BEING LATE:** Parents who are 15-20 minutes late for their appointment will be rescheduled. We will make every effort to reschedule your appointment as soon as possible, but it is important to keep in mind that some well-visit time slots can be filled as far out as 4-6 weeks. Also, to avoid delaying your child's vaccines, we may need to get you back on the schedule as soon as possible. This means you may not get the provider or time slot you prefer – so please be on time!
2. **NO-SHOWS:** A no-show is an appointment for which you do not show up. It also includes when you cancel an appointment less than 30 minutes before your scheduled time. We understand last minute problems can't be helped, but families who no-show more than 3 times may be asked to leave the practice. Not only do your child's needs go unmet, but a missed appointment prevents another child from being treated. We also do not overbook our schedule to accommodate no-shows. Overbooking means long-wait times and unhappy parents! We don't overbook so we ask that you don't no-show. Families who no-show double-well visits for siblings, will not be allowed to schedule double well appointments again. Families who no-show on Saturdays and holidays when we have shortened hours, will also not be allowed to schedule on those days again.
3. **REMINDER CALLS:** We make reminder calls, as a *courtesy*, beginning 2 days in advance of your scheduled appointment. Regardless of whether you get this call or not, it is your responsibility to come at your scheduled appointment time. Please keep us informed of any changes to your contact information. If you use a pay-as-you-go cell phone as your primary phone number, please provide us with an alternate phone number or email address so that we may make every effort to remind you of your appointment.
4. **SICK APPOINTMENTS:** We provide same day sick appointments. To make certain we have a majority of our appointment slots open on any given morning, we ask that you call the day you need the appointment and not earlier. This has helped us reduce our no-show rate since some parents forget about appointments because the child is doing better. We avoid filling up our schedule days in advance so that we can ensure access for everyone when they truly need us.
5. **WALK-INS:** We do *not* accept walk-ins except in cases of emergencies. If a parent walks-in for a non-emergency visit and we happen to have an available opening, we will do our best to fit you in. If you must have a specific provider who does not have an opening at that moment, or if there is no opening at all, we will schedule you in the next available spot. If you have to wait for more than 30 minutes for that scheduled spot, we ask that you leave and come back. Walk-ins can increase wait times for everyone, so please be respectful.
5. **MULTIPLE CHILDREN:** If you arrive with your child for a visit and you need to add one or more siblings on at the last minute, we count that add-on as a walk-in. If we do not have the space to accommodate a walk-in, we will ask that you schedule the sibling(s) at a later time that day. All we ask for is a simple phone call to let us know that your other child or children need to be seen. There may also be an extra charge, that insurance companies do not cover, for a last minute add-on. Also, we do not do double well visits except in the case of twins, or under very special circumstances. We want to give your child our undivided attention! Teens are never doubled up with another sibling, and toddlers and younger children that both need vaccines are also usually kept separate. When certain children see a sibling get vaccines, they can get unruly, inconsolable or even hostile. This makes for a very unsafe and stressful situation to give vaccines, for both you and our staff. Also, after about 6 years of age, we separate twin well visits so that each child may receive the individual attention he or she deserves.
6. **SATURDAY SICK APPOINTMENTS:** We have Saturday hours that vary depending on how busy the season is. There is a Saturday service charge that will be added to your bill that many insurance companies do not pay for. This charge, in addition to your copay or co-insurance, is often times less than what it would cost to be seen at an urgent care or emergency room. Urgent care facilities and emergency rooms often send you back to us for a follow up visit since we are the pediatric primary care provider. This means you would be paying a higher cost to be seen there, and then pay again when you come in to see us. In the end, it is often times more cost-effective and time-friendly to schedule with us. To schedule a Saturday sick visit, call us as soon as we open, in case the office closes early due to a lack of patients.
7. **VERIFY INFORMATION OVER THE PHONE** - Please let us know of any insurance changes over the phone to avoid delays in checking-in.

## CHECKING IN AND WAITING TO BE SEEN

When you arrive for an appointment, please keep a few things in mind:

1. At your first visit, we will ask for, and scan, at least one parent's or legal guardian's driver's license.
2. We will ask that you verify your address and phone number *at each and every visit*. All of your child's personal information will need to be updated annually as well. This may entail filling out a new demographic form and insurance form on each child in your family.
3. Please present your insurance card at check-in at every visit. Without proof of insurance you are expected to pay in full at the time of service.
4. In the exam room, we only allow 2 adults due to space restrictions, but also so that the providers can conduct their exam without distraction.
5. Children are to be supervised at all times, including in the exam rooms, waiting rooms, and when younger children use the restroom.
6. When conducting business with our staff, we expect all cell phone communications to cease or be put on hold. If a parent is carrying on two conversations at once, the next parent in line, or the next patient in an exam room, will be taken care of ahead of you.
7. Occasionally, there are unexpected delays which cause for longer than normal wait times, but if you have been waiting for more than 20-30 minutes, please let us know. We have steps we can implement that help alleviate any back logs. We take our wait times very seriously!
8. We have both a sick and well waiting room. We ask that only children that are coming for their well-child physical wait in the well room. If your child is also sick, please move to the sick room for the protection of the other infants and children. Even minor ailments, including rashes, may be contagious. We appreciate your cooperation in this manner, but if necessary – to protect all of our kids – we will ask you to move to the other room.

## WHEN YOUR CHILD IS SICK

When your child is sick or there is a concern you wish to discuss with your provider, we ask that you call to make an appointment or hit option 2 for our triage staff.

- **TRIAGE:** Our triage staff can take down the details that will help our board certified providers make a decision on the best course of action for your child. Keep in mind that this may mean your child does *not* need an appointment where he or she could be exposed to something more contagious. If, however, your child does need to be brought in, our low wait times can assure you that we are doing everything we can to get you right back home where you can provide the tender loving care your child needs. For matters that are routine or simple, our triage staff may also give you advice and/or suggestions based on current pediatric protocols. Every call is documented and reviewed by our providers. Calls are prioritized, or triaged, in order of medical significance. It is important to leave detailed information on any message so this process can be done accurately. Calls may be returned as soon as 30 minutes or as late as 4 hours. A good rule-of-thumb is that we will try to return morning calls by our lunch break and afternoon calls by the end of day. Calls made right before closing may be triaged or referred out to an urgent care center or emergency room.
- **AFTER HOURS:** Our board certified pediatricians and nurse practitioners currently provide their own after-hours phone triage service. After our normal business hours, you will need to call our main line like you would during the day (803-980-7337) and follow the instructions on the voice mail message. You must leave a clearly spoken telephone number in order for us to return your call. Please repeat the phone number at least once. You should also keep the phone number to the nearest 24 hour pharmacy handy in case the provider needs it. In order to receive a call back from our office, if your phone does not accept calls that come up as "unknown" on your caller-ID, you will need to turn that feature off. Occasionally, we are unable to return a call in a timely manner. This could be for various reasons, not the least of which include multiple phone calls that are occupying the provider, a phone number that cannot be heard clearly on the message, a wrong number or no number left at all, technical difficulties with the phone company, our phone equipment or the provider's pager. If you do not receive a call back within 30 minutes, please call back again. In the event you are unable to reach us, and feel that you cannot wait, please take your child to the nearest urgent care center or emergency room. In the case of an emergency, you can also call 911. Poison control can be reached at 800-222-1222.

## REFILLS

If your child needs a medication refill, we ask that you call *your pharmacy up to a week before he/she will run out*. If your prescription has no refills, they will call us to request a new prescription. This extra time allows us to process the refill, allows for any changes in your insurance company's preferred drug list, allows for any shortages that the pharmacy may have, and prevents your child from having to go without any medication. Please do not wait until the bottle is empty! Refill requests are routine matters that must be handled during our normal business hours, except in cases of rescue medications that may be needed after hours. Check back with the pharmacy to see if the prescription is ready.

For ADD/ADHD prescriptions, you must call our office **at least 3 - 5 days before** you run out of medicine and speak to our triage staff. You will be required to answer several questions every month before a refill will be authorized, and once every 3 months you will be required to come for a follow-up visit with your physician. ADD/ADHD prescriptions must be picked up by a parent or legal guardian of the child. They cannot be called in to the pharmacy by law. Be prepared to present picture ID when picking up your child's prescription.

## NEED A FORM?

We currently do not have any charges for the following forms. We do ask, however, that you make sure your account is in good standing with us.

1. **SCHOOL EXCUSES:** We will be happy to provide you with a school or work excuse, if your child was seen at our office or you consulted us by phone about an illness. We cannot provide excuses for dates we did not see your child or speak to you about his/her illness. We also cannot provide excuses for visits to emergency rooms, urgent care facilities, or other physicians offices.
2. **SHOT RECORDS:** We require at least 24 hours notice to prepare a certified SC Certificate of Immunization. We do not mail shot records. They must be picked up at our office. If you need it to be faxed, a signed release of information must be sent to us before we can do so. If your child is at our office getting his/her vaccines, we will be able to provide you with an updated shot record while you are here.
3. **SPORTS/CAMP PHYSICALS FORMS:** Please bring your sports or camp physical forms with you to your well visit appointments. The provider will fill it out for you at that time. If, however, you are bringing us the form after your child's well visit was completed, we must have at least 24-48 hours notice to fill out the form provided that the previous well visit was done within the past 12 months, unless your form requires sooner.
4. **DENTAL CLEARANCE FORMS:** If your child needs a dental clearance form filled out, you child must be examined at our office 2-3 days before your scheduled dental procedure. Please inform your dentist that this is our policy. You must bring the form in with you when you come for your dental clearance visit so that we can fill it out while you are here.

# Financial Information

In order to ease the transition from the *practice* of medicine to the *business* of medicine, we have enacted certain policies, which we have outlined below. Many of these policies come from an effort to reduce our costs, and therefore yours. Please call our billing office if you have any questions.

## PAYMENT DUE AT THE TIME OF SERVICE

This is just a fancy way of saying that what you owe for your visit will be collected when you are here for that very visit. In certain cases, like to hold an appointment spot, for example, we may ask for payment before the visit. We accept VISA, MasterCard, cash, check or money order.

1. **WHO BRINGS PAYMENT:** Payment is due regardless of who brings the child in for the service. Grandparents, babysitter, aunts, etc., will be expected to bring in payment for your copay, co-insurance or deductible. If you are reachable by phone, we can take your credit card information over the phone and send the receipt home with your child's caregiver. For separated or divorced parents, financial responsibility still belongs to the parent bringing that child in for treatment. We will not bill another parent; it is your responsibility to bring what you will owe when you arrive.
2. **LATE FEE:** There is a \$10 late-fee for any expected payments not made at the time of service, unless paid within 24 hours.
3. **FINANCIAL RESPONSIBILITY:** Payment is determined from benefits we receive from your insurance company. Regardless of what is quoted or misquoted by them, you are ultimately responsible for any deductibles, co-insurances, or copays that are not paid by your insurance company. This includes services they do not think are medically necessary, or do not cover, but that our providers deem necessary, appropriate and/or a standard of care for pediatrics.
4. **DEDUCTIBLE RESPONSIBILITY:** Deductible responsibilities are also collected at the time of service. If you cannot pay your entire deductible charge for a sick visit, a \$50 deposit will be collected toward the balance. If you request to be billed for deductible balances, payment must be made within 30 days, or the privilege of being billed will be lost, and full payment will be expected at each visit. Deductibles and/or other charges for well visits and/or vaccines are expected up front, and are not balance billed.
5. **PROOF OF INSURANCE:** Proof of insurance must be shown at check-in at every visit. Without proof of insurance, you will be charged for the visit in full. For newborns, proof of *application* will be expected by the 30-day mark for those still not added to the insurance. Most commercial insurance companies allow only 30 days to add your newborn to your plan. Please do so as soon as possible. All newborn bills will be held and sent to the insurance company once it can be verified that the newborn has coverage. By 2-months of age, all babies without proof of insurance will be expected to pay in full for their 2-month well visit and all visits since birth.
6. **WELL AND SICK VISITS AT THE SAME TIME:** Your insurance company may cover well and sick visits differently, and it is very important that you familiarize yourself with the details of your insurance coverage. No one likes being surprised with a bill! While some insurance companies may pay for well visits 100% (where there is no cost to you), sick benefits may include a copay, co-insurance, and/or deductible. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for your concerns, *your provider may bill the insurance company for both services*. Regardless of whether there is no charge for the well visit, you will be responsible for any charges passed on to you for the sick visit portion. Conversely, the provider may decide to reschedule the well visit and focus on the issue that is causing the concern. In either case, you will be asked to pay for the sick visit portion of your visit while you are here just like if you had scheduled a sick visit that very day.
7. **SECONDARY INSURANCE.** We do not bill secondary insurances except in cases of disability. In such cases, we will collect the copay, co-insurance or your deductible responsibility for your *secondary* insurance at the time of service. We do not bill tertiary insurances.

## INSURANCE

While insurance companies are better about giving us accurate information, the information they neglect to tell us can often times prevent a claim from being paid. Sometimes they are simply waiting for you to call them to give them some information they need. They will deny payment until they hear from you. Some of these "reasons" include that they are (1) waiting on you to contact them because they want to find out if you have another insurance that would be responsible for the charges, instead of them, (2) waiting to hear from you regarding a discrepancy in demographic information, e.g., an incorrect birthday or sex., or (3) waiting on you to name a primary care physician for your child's care. Please be aware, balances not paid by them in 30 days for no fault of ours, will become your responsibility. So please, open your mail and answer their questions....we would greatly appreciate it!

We are in network with most major insurance companies, but if we are not, we can bill as an out-of-network provider if your insurance accepts such claims. Ultimate responsibility in finding out if we are an in-network provider rests with you, however. Plans change annually and so can their networks or our affiliation with certain networks. If we are out-of-network, you will be responsible for any out-of-network charges, which are usually higher than those your insurance company passes on to you for in-network providers. When you purchase a new insurance plan, please call them to make sure we are in-network before you sign on the dotted line.

## BALANCES

While no one likes to discuss paying bills, it's a necessary evil we must all face. In order to improve our office efficiency, reduce our overhead expenses, and ensure that we can financially sustain ourselves in order to continue providing our patients the services they are accustomed to, the following are our policies regarding outstanding balances.

All outstanding balances not paid within **90 days** may be turned over to a collections agency, and a discharge notice terminating patient care will be sent to you. All costs incurred in collecting a delinquent account will also be added to your charges. During this 30 day period, discharged patients will need to transfer medical care to another physician's office, however, we will continue to provide medical care to you during this time period. If the balance is not paid within that 30 days, patient care will be officially terminated. Depending on the amount of the balance, payment plans for no more than a 3 to 6 month time frame may be granted on an individual basis. Any payment plan obligations not met, or not attempted to be met, will be immediately turned over to collections and patient care terminated as described above. While we find it unethical to prevent you from obtaining your existing records because of a balance, we do expect that any outstanding balances must be paid in full before receiving a certified copy of the SC Certificate of Immunization, a sports/camp or other physical form, FMLA papers, any letters requested for an outside agency, school, attorney, or anyone else, or any other administrative services, that we usually provide at no charge for our patients.

**TRANSFER OF RECORDS AND FEES.** We do not charge a fee for faxing records to another office, but there are associated charges when a paper copy is requested. We make every effort to honor any request for personal copies within 10 business days, but no more than 30. Fees include a flat fee for processing, a per page fee, and a flat mailing fee if records are to be mailed. For faster service, all payment for records must be received in advance by cash, credit card or money order. We reserve the right to hold records until a payment by check is cleared and posted. If you are moving, a release of medical records can be signed at our office if you know the new physician's practice information, it can be taken with you to fill out, sign and send to us when you get there, or one can be signed at your new office and faxed to us from there. For any portion of your child's record that needs to be faxed to you, to a school, to a non-medical office, or elsewhere, we will require a signed release from a parent or legal guardian before doing so. There is no charge for this service. This release also serves as a written disclosure of your child's medical record that we are legally required to maintain. Please also read our Notice of Privacy Practices regarding our policy for providing records.

**RETURNED CHECKS:** All returned checks will be turned over to the York County Solicitor's Worthless Check Unit, unless payment of the face value of the check, including a \$30 charge, is not paid within 3 days of being notified. Once turned over to the Solicitor's Worthless Check Unit, you will be charged our \$30 fee in addition to the face value of the check, another fee from them, and possibly face arrest and criminal prosecution. Any family that has a 2nd check returned for insufficient funds will be turned over to the Solicitor's Worthless Check Unit, immediately, and will not be allowed to present checks as a valid form of payment. Only credit card, cash, and/or money order will be accepted.

## VACCINES AND THE UNINSURED

If your child does not have insurance, the cost of your vaccines will be picked up by the federal government, under the Vaccines For Children (VFC) program. There will be a \$13 administrative fee for each vaccine, up to a maximum of 3 vaccines per visit – even if you are given more than 3 vaccines at that visit. This charge is in addition to any charges for the well visit that the provider does. You may also go to the York County Health Department for vaccines. Please call our billing department for more information.

## HOW DO YOU KNOW WHAT IS COVERED?

When you have a new plan, it is important to discover what your per visit responsibilities could be. Knowing the financial lingo involved is sometimes half the battle. Here is a short glossary of terms that you should be familiar with, and questions you can ask your insurance company to make sure you know what you will be expected to pay when you come for your visits. Keep in mind that you could call your insurance three times and get three different answers to the type of coverage you have. We run into the same problem if we call, so it is very important to read the handbook that is given to you when you get your insurance plan. That is your written contract with them. Don't forget to read the fine print!

## GLOSSARY OF TERMS:

### TYPES OF VISITS

1. **CHECK-UP** - This is old term used to describe any type of doctor visit. Most people still use this term to indicate a well-visit, but some use it for both well and sick visits. For that reason, we avoid using this term as much as possible. Consider using sick or well visit to be more specific.
1. **IMMUNIZATIONS/VACCINES** - The terms "vaccines" and "immunizations" can be used interchangeably. These are life-saving injections that help your child's immune system fight a particular disease, like pertussis (whooping cough), polio, or meningitis. Many vaccines require boosters, which are additional doses given to continue revving up your child's immune system so that it doesn't forget how to fight that deadly disease.
2. **SICK VISIT** - Any visit that is focused on a specific concern or problem. The child doesn't necessarily have to be "sick" to fall under this category. A rash, twisted ankle, or behavioral concerns would fall under the sick visit category because it focuses on a specific concern.
3. **WELL VISIT** - Any visit that is routine in nature (e.g. regularly scheduled) that concerns the growth and development of your child at various stages of his/her childhood. This usually refers to the part of the visit that the doctor or nurse practitioner does.

### INSURANCE TERMS THAT MEAN YOU HAVE FINANCIAL RESPONSIBILITIES

1. **CO-INSURANCE** - This is a fee you pay based on a percentage of the reimbursement the office will receive for providing your services. If for example, the insurance pays \$100, and you have a 30% co-insurance, you will be required to pay \$30 at the time of service.
2. **CO-PAY** - A flat fee you have to pay at every visit. This is a fee that your insurance company requires you to pay. Contracts between insurance companies and medical offices often stipulate that a patient must pay their copay in order to be seen. This implies you can be turned away if you do not have copay. For ethical reasons we do not do this, but we do charge a late-fee if you cannot pay your copay within 24 hours.
3. **DEDUCTIBLE** - The amount you have to pay *before* the insurance will pay for anything. A deductible can be \$500 or \$5000. It is very important to know how much your deductible is and if it has been met. The insurance company allows a certain charge for each service we provide. That charge is called the allowable. You will be required to pay the allowable amount for the services you received at the time of your visit. We will still send a claim to your insurance company so that they know to apply your charges toward your deductible. For more information on our policies regarding deductibles, please read "Deductible Responsibility" under the section called Payment Due at the Time of Service.
4. **MAXIMUM BENEFIT OR CAP** - This is a dollar limit on how much your insurance company will pay for a particular type of service. They may only pay, for example, a maximum of \$500 for a well visit and immunizations. After this \$500 has been reached, you would be paying for the service in full, as if you had no insurance. Some insurance companies limit the number of visits, instead of putting a dollar limit on a service. For example, there are typically 6 well visits scheduled before a newborn turns 12 months old. An insurance company may limit it to 5 out of 6 visits.

### QUESTIONS TO ASK YOUR INSURANCE

1. What are my vaccine benefits? Does a deductible apply? How much? Do I have a co-insurance? How much? Will a copay apply if I only need to get vaccines and do not see my doctor? Is there a maximum benefit or cap on my vaccine benefits? What is that limit?
2. What are my sick benefits? Is there a deductible? Co-insurance? Copay? How much in each case?
3. What are my child's well benefits? Does a deductible, co-insurance or copay apply? How much? Is there a maximum benefit or cap on these services? What is the limit? Is there a limit on the number of well visits I can have in a year? If so, what? Do well benefits end at a certain age?
4. What is my benefit year? Does it start over on Jan. 1<sup>st</sup>? Can my (older) child get one well visit per calendar year or benefit year?
5. For any of these services, do I have a copay *and* co-insurance? To which services does this apply?
6. Is this information all spelled out clearly in my benefit handbook? If not, can I get this in writing? Is this information available online to me?

For questions on any of our financial policies, please call our billing department at 803-980-7337, option 4.