



Ph: 617-491-5111 Fax: 617-491-5222

# Financial Policy

Our goal is to provide, and maintain, a good physician-patient relationship. Letting you know in advance of our office policy allow for a good flow of communication, and enables us to achieve our goal. Please read this carefully, and if you have any questions, please do not hesitate to ask a member of our staff.

- On arrival, please sign in at the front desk, and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card. This is your verification of the correct insurance and consent to bill them on your child's behalf.
- If we are your primary care physician, make sure that we are listed as such with your insurance company. If your insurance company has not been informed that we are your primary care physicians as of this date, you may be financially responsible for this visit.
- According to your insurance plan, you are responsible for any and all co-payments, deductibles, and co-insurances.
- It is your responsibility to understand your benefit plan. It is YOUR responsibility to know if a written referral, or authorization, is needed to see specialists, if preauthorization is required prior to a procedure, and what services are covered.
- If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, previous balances must be paid prior to the visit.
- If you do not have insurance, payment for an office visit is to be paid at the time of the visit.
- Co-payments are due at time of service. A \$10 processing fee (or service fee) will be charged in addition to your co-payment, if the co-payment is not paid at time of service.
- Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.
- If previous arrangements have not been made with our billing office, any account balance outstanding greater than 60 days will be forwarded to a collection agency.

- We require 24-hour notice for canceling any appointments. Please refer to our Appointment Policy for details.
- A \$30 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
- There is a \$15 administrative fee per chart, for preparing copies of records for transfer/ mailing costs.
- Advance notice is needed for all non-emergent referrals typically 3 to 5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must approve referrals before being issued.
- Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual health physicals, or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of service.
- If someone other than a parent brings your child for care, they must provide the above information, and pay the appropriate charges on your behalf.

We recognize that extenuating circumstances may exist, which could warrant special payment consideration.

Please contact Helen Mills at: 781-395-1972, with any questions regarding your bill.

## Signature

Signature of parent/guardian, or patient if over 18:

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Date: \_\_\_\_\_