



Goodlettsville Pediatrics, P.C.

200 Gleaves Street, Suite A Madison, TN 37115
Main Phone – (615) 851-7865 (R.U.O.K.) Billing Phone – (615) 851-7830 Fax – (888)-599-5833
www.goodpeds.com

FINANCIAL/OFFICE POLICIES

Goodlettsville Pediatrics (GoodPeds) is committed to providing you with the best possible quality medical care. The following information outlines financial responsibilities and office policies related to our professional services. Patient/Parent/Guarantors meeting their financial obligations will ensure that we at Goodlettsville Pediatrics are able to meet ours.

Hours and Payment Types:

Billing Office Hours: 8:00 am – 5:00 pm

Billing Office Phone: (615)-851-7830

GoodPeds accepts Visa and MasterCard credit cards, as well as Cash and Checks.

Billing:

- ❖ Insurance and picture ID cards must presented at EVERY VISIT.
- ❖ Assure that whomever you have authorized to bring your child into the office for medical care brings with them the insurance card and a picture ID to EVERY VISIT.
- ❖ Assure that whomever brings your child into the office for medical care brings with them a form of payment that is acceptable at EVERY VISIT for copayments/deductibles due or balances due.
- ❖ For medical care not covered under insurance, payment will be required in full at TIME OF SERVICE.
- ❖ REMEMBER to add your NEWBORN to your insurance policy within 30 days of birth.
- ❖ If you have lab work that cannot be done in our office, we will collect the specimen and send it to the reference lab that we utilize. You will then receive a bill from **QUEST DIAGNOSTICS**.
- ❖ Copayments and Deductibles are a contract responsibility between the patient and their insurance company. These amounts are non-negotiable. All balances due from patient/parent/guarantors' copays, deductibles, coinsurances, and non-covered services are due AT THE TIME SERVICES ARE PROVIDED. Any amounts not paid at the time services are provided will have a billing fee of \$15.00 added to the accounts patient due balance.
- ❖ You, the Patient/Parent/Guarantor, are ultimately responsible for all charges associated with the patient's care. You, the Patient/Parent/Guarantor, are responsible for any payment/balance due at the TIME OF SERVICE (including account balances). A courtesy statement will be sent of any patient due balances and are DUE UPON RECEIPT.
- ❖ Any patient with a Financial Past Due Account over 30 days may be denied a future appointment until balance is paid or if in a financial hardship, a suitable payment arrangement is made by calling and speaking with our billing office.
- ❖ If you have questions about your insurance, our Billing Office will try to help you. However, your specific coverage issues are a contract between you and your insurance company and should be directed to your insurance company member services department (number is on your insurance card).
- ❖ Any balance not paid in 60 days from a patient/guarantor's insurance company will be transferred to patient/parent/guarantor responsibility. A patient/parent/guarantor will receive a statement for patient due balance if his/her insurance delays payment of a claim due to coordination of benefits information or any additional information they may have requested from the patient/parent/guarantor.
- ❖ Please call in advance if you cannot make a scheduled appointment so that other patients can have that allotted time. No Show appointments will be charged a \$20 fee.

Collection Agency and Bad Debt:

- ❖ As long as the patient/guarantor's obligations are being met, the account will remain in good standing. If a patient/guarantor cannot meet his/her obligation, the billing office must be informed immediately or collections efforts will be pursued.
- ❖ It is a Federal guideline that we cannot book any type of appointment for you if your account has been turned over to collections. You must speak with and pay in full any amounts due directly to the collection agency. We terminate physician relationship with accounts that are turned over to collections and will not continue to see FAMILIES.
- ❖ For checks returned for Not Sufficient Funds, a \$30 fee will be charged to your account. Multiple returned checks may result in terminating physician/patient relationship.