

MVPEDIATRICS FINANCIAL POLICY

Thank you for choosing us as your health care providers. We appreciate your trust and the opportunity to serve you. As part of our services, we will do our best to support and educate you regarding the insurance industry and your responsibility in this partnership. Our billing coordinator is Kathleen Molony. Kathleen has over 25 years of professional billing and insurance experience and is a great help to all of us. She can be reached at 617-694-3178 or by email at PRbill@cox.net. All patients must complete our patient information sheet before seeing the doctor for the first time. In addition to furnishing your insurance information, we will need copies of your insurance card(s). It is important for you to understand that your insurance coverage is a contract between you and your insurance company. Please read your policy and be aware of your benefits and obligations.

COPAYMENTS

All patients whose insurance policies require a co-payment are mandated by their carrier to pay their copayment on the day of the appointment. Master Card and Visa are welcome along with checks or cash.

HMO'S and PPO'S

If your insurance plan is one of our contracted insurance plans (PPO or HMO), we will bill your insurance company for you. Depending on our insurance plan we may not bill you until after we receive payment from your insurance. At that time you will receive a statement from us for the balance due. This will only occur if you have a deductible or co-insurance. We request your balance upon receiving your statement.

OTHER INSURANCE CARRIERS

We are also participating providers with other carriers including Mass Health .The Commonwealth of Massachusetts has just implemented a new system. All recipients will be receiving new ID cards and are required to show them on each visit. Under the Mass Health system, please make sure you know which insurance carrier you are covered under and make sure you have selected your primary care physician. If you are scheduled for an appointment and there are issues with your insurance carrier you will one, reschedule two, be asked to sign a waiver which you may be financially responsible for some or all of your visit or three, be rescheduled. **Any non-covered charges by your insurance company, like lab charges or nurse calls will be your responsibility.**

NO INSURANCE COVERAGE

Patients with no insurance coverage will be billed monthly. We require balances to be paid within thirty days. If there are special circumstances we can setup a payment plan for your assistance. Call our billing coordinator, Kathleen Molony (617)694-3178 she will be glad to assist you and council you with affordable health insurance possibilities.

I agree to the above stated terms and conditions.

Signed: _____ Date _____

Relationship to Patient: _____

Print Patient's Name _____