



Massachusetts General Hospital
Brigham and Women's Hospital
Children's Hospital Boston
Beth Israel Hospital
Harvard Medical School

MVPediatrics Financial Policy

Thank you for choosing MVPediatrics for the care of your children. Our goal is to provide you with a partnership of personal, and efficient care. As with all partnerships, we rely on your collaboration.

All patients must complete our New Patient Packet before being seen by our office for the first time. Please verify that our providers are listed as contracted with your specific health insurance plan. We are not contracted with all insurance companies, or all plans under each company. Since contracts can change frequently, the best way to verify this information is to call your insurer directly.

Please call us prior to your next appointment if there are any changes with your insurance plan or medical coverage so we can verify the insurance has your children(s) information, and doctors listed correctly. This information includes: name spelling, date of birth, PCP, etc. You are responsible for payment if this information is not correct.

Please bring your insurance card to your first appointment for a copy to be placed on file. If you have an insurance-required co-payment, it is due at the time of your child's visit. We accept MasterCard, Visa, and flex spending/HSA cards, in addition to cash or checks. Your insurance coverage is a contract between you and your insurance company. Please review your policy so that you are aware of your benefits and obligations. If there are any additional out-of-pocket costs associated with your visit we will mail a statement to the address we have on file once we receive the explanation of benefits from your insurer, after they've processed the claim. Please make sure we have the correct mailing address on file for your child so that you receive any statements in a timely manner.

Insurance disputes should be addressed directly with your insurance provider as soon as you become aware of them. Your insurance company has strict timelines for resolution of claims. If your balance doesn't make sense, or if you require a payment plan, please call our billing coordinator immediately to avoid timely filing denials. Balances in dispute must be paid and we will issue you a credit/refund if your insurance reprocesses a charge for you. If a balance goes unaddressed for 90 days it may be eligible for collections. We hope we never have to get to that point. We are more than willing to work with you, but we cannot if you don't contact us.

Please be aware of the following -

No show visits will incur a \$50.00 fee with the exception of emergency situations or documented illness.

Some insurances require a "coordination of benefits" verification from time to time. If this information is requested of you by your insurer, please respond to them immediately, as they will not pay for charges submitted to them until they receive the requested information.

Most plans have a patient cost share as either a copay, co-insurance, deductible, or combination, which is your responsibility to pay. Some deductibles only apply to certain services, which may include: in-office tests, blood work, screenings, wart removal, nebulizer treatments, or other procedures performed in-office. We are happy to supply you with the CPT codes for any requested service so you may contact your insurer to find out if there will any out-of-pocket costs associated with them.

Preventative wellness visits are *typically* covered at 100%. These routine visits are age-based as follows: 1st Newborn visit, 1, 2, 4, 6, 9, 12, 15, and 18 months of age, then annually starting at age 2. Some insurance will also cover a 2.5 year well visit – please contact your plan directly to ensure coverage. Visits outside of these anticipated wellness visits are considered an "evaluation and management" visit per your insurance provider, and may have an out-of-pocket cost associated with them.

It is not uncommon for patients in the course of a routine wellness visit to receive evaluation and management service for a separate and specific problem, as well as routine/preventative services. For example, your child is seen for a routine visit and the doctor discovers an ear infection or your child has behavioral issues that require care coordination. Both services must be reported to the insurance company and may result in an additional co-payment or charge as per the insurance contract.

If you need financial assistance with your bills or are not covered by insurance, please contact our billing coordinator, Marissa Gurney. She can help you establish a payment plan and provide guidance as needed in regards to health insurance/medical bills. Marissa can be reached at 617-845-0586, or emailed: mgurney@gotomvped.com.

For Patients with MassHealth: Please select the "Mass General Brigham ACO" policy, as that is the ONLY MassHealth network with which we are associated. If your child is enrolled in the Children's Medical Security Plan, please confirm that their Primary coverage is through a plan in which we are contracted, as Mass Health will not pay for claims as a secondary insurance unless the Primary insurance has first paid the claim.

Some companies with which we are NOT currently contracted:

Tufts Direct, Tufts Spirit, Harvard Pilgrim BIDMC Select, Fallon (Please call your plan; we are contracted with some Fallon Plans, but not all), Celticare, Health New England, Minuteman Health, Coventry, Guardian Health, HMO Blue Select, Cigna - Local Plus, BMC Healthnet Plan.

*This list is subject to change; please contact your plan directly to verify coverage.

I hereby authorize any insurance company to pay the proceeds of my benefits directly, and I acknowledge that I am responsible for all charges for services not covered by insurance or authorized by a valid referral.

I hereby authorize MVPediatrics to release any pertinent medical information to my insurance company.

Signed: _____ Date: _____

Relationship to Patient: _____