

## **VESTAVIA PEDIATRICS BUSINESS OFFICE INFORMATION**

### **BUSINESS OFFICE**

We have a knowledgeable Business Office staff that are happy to assist with questions or concerns that may arise from your child's office visits. Business Office hours are from 7:30 to 5:00, Monday through Friday. For questions that arise after hours or on weekends, there is a voice mailbox that is monitored closely. Your calls will be addressed the morning of the following business day.

#### **Vestavia Pediatrics Business Office**

1936 Old Orchard Road

Vestavia Hills, AL 35216-2298

(205) 978-5720

Barbara Curren, Business Office Manager

(205) 978-3218

[barbara.curren@childrensal.org](mailto:barbara.curren@childrensal.org)

### **INSURANCES ACCEPTED**

We accept, and are providers for, most major insurance policies including:

- All forms of BlueCross
- United Health Care
- Viva
- Cigna (except new patients under Cigna Managed Care)
- Aetna
- Tricare

We have a very limited Medicaid panel that is currently closed to new patients except for siblings of current patients (including newborns) and current patients who change to Medicaid.

## FINANCIAL POLICY

Thank you for choosing Vestavia Pediatrics as a healthcare provider for your child. It is a privilege for us to participate in his/her medical care. We hope that your experience with our clinic will be a pleasant one as we work together to meet the medical needs of your child. As you know, in order to continue to provide the proper level of medical care, prompt payment of the charges for our services is essential. To help clarify our billing procedure, the Vestavia Pediatrics Financial Policy is outlined below:

- **Payment is due in full at the time of services unless you are covered by one of our contracted insurance carriers.**

If not paid in full, a billing fee of \$10.00 will be added and charges for services will be subject to interest charges being added if not paid in a timely manner. For patients with private insurance, we will provide the necessary paperwork and answer any questions you may have to enable you to file for your reimbursement.

- If you are covered by one of our contracted insurance carriers, **all co-pays are due at the time of service. If co-pays are not paid at the time of service, a billing fee of \$10.00 will be added.** We accept cash, check, debit card, Visa, MasterCard and Discover Card.
- We will file for payment from your insurance company if you are covered by one of our contracted insurance carriers. It is your responsibility to provide us with the correct insurance information. Unpaid claims will be re-filed one time if we have not heard from the insurance carrier and, if then not paid, will become your responsibility.
- All claims that are denied by your insurance carrier will be your responsibility.
- **We are sorry that we cannot accept divorce decrees as assignment of responsibility for a child's medical bills.**

The parent accompanying the child will be responsible for paying any fees due at the time of service and seek reimbursement from the other parent. Unless other arrangements are made, the person who brings the child in for the initial visit and completes required patient information forms and statements will be responsible for any unpaid charges or fees.

- We realize that there are circumstances and events that make the payment at the time of service difficult or impossible. When these situations arise, we will be happy to work out a payment plan with you if you will contact our Patient Financial Advocate at (205)978-5720.
- There is a \$25.00 charge for all returned checks.

- Once your insurance is processed, an electronic statement will be sent by text and email. Please contact the Business Office with any questions you have regarding your statement/balance. Please do not assume that your insurance company will pay the balance.
- Accounts that are more than 90 days past due will be sent to our collection agency. If this becomes necessary, your account may be terminated and you will have 30 days to establish an account with another pediatric practice.
- It is your responsibility to notify us if at any time your insurance coverage changes.
- A \$25.00 fee will be assessed to your account if appointments are not kept or rescheduled 24 hours in advance of appointment time.

### **NON-COVERED SERVICES**

We deal with dozens of insurance carriers and plans and, therefore, are unable to be familiar with each plan's coverage. It is your responsibility to be familiar with your individual plan's coverage. If you have questions regarding coverage for specific procedures (immunizations, flu vaccine, lab tests, checkups, etc.), please contact the customer service department listed on the back of your insurance card. You are responsible for paying any fees not covered by your insurance.

### **REFERRAL TESTING**

At Vestavia Pediatrics we are able to do most routine lab tests and x-rays onsite. However, on occasion when special lab studies are necessary the specimens will be sent to an outside reference lab and you and/or your insurance company will be billed directly from the reference lab. Our primary concern is the care of your child. However, we must enforce our "Financial Policy."