

## Financial and Practice Policies (Effective January 1, 2021)

Thank you for choosing Bloom Pediatrics as your child's health care provider. Our mission is to provide your family with the highest quality of pediatric medical services in the most caring, efficient, and patient-focused manner. To accomplish this goal, we have outlined the following and are requesting your compliance to aid in avoiding unnecessary issues that may ensue as a result of incorrect insurance information or violation of office policy. The following is a copy of our financial and office policies. Patient care is not permitted without the written consent of receipt and acknowledgement of the understanding of this policy.

The following are our guiding principles by which we operate:

- Excellence in all we do
- Treating others as we would expect to be treated
- Honesty and integrity in our relationships
- Remaining adaptive to the changes in health care
- Understanding human life is precious and purposeful
- Maintaining current and relevant medical knowledge
- Utilizing evidence-based information in the delivery of healthcare
- Exceeding expectations
- Earning the respect and trust of our patients and associates
- Being kind and thoughtful in all of our actions

All Bloom Pediatrics employees are governed by these principles and we ask that our patient families share in these ideals. Failure to do so may result in the reprimand or termination of the employee or the dismissal of the patient family.

### FINANCIAL POLICIES

#### Payments:

Payment, in full is due at time of service. This includes applicable co-insurance, co-payments, and payments for services not covered or denied by the insurance company. Bloom Pediatrics accepts cash, personal check, debit cards, Visa, Master Card, Discover, and American Express.

#### Credit Card on File:

Bloom Pediatrics recommends that a current credit card be kept on file for patient accounts. Please provide your credit card to the front office staff at your next visit to be linked to your account. We have software that securely encrypts and stores your credit card information displaying a token number in place of your credit card number. The credit card on file allows Bloom Pediatrics to run your card for any balances due after all insurances have been processed with your consent. A Bloom staff member will contact the assigned account holder with the amount prior to the card being charged.

#### Self-Pay Accounts:

If you do not have insurance, please come prepared to pay for your visit in full upon check-out. The amount due will be an "estimate," and may not reflect the full cost of the visit. Once the visit is processed by the billing department, any outstanding charges will be invoiced and mailed to the account holder's mailing address. A price list of services is available upon request.

#### Missed Co-Pays:

Our insurance contracts require collection of all co-pays at the time of service. Failure to collect co-pays puts the responsible party and Bloom Pediatrics in default of the insurance contract. Co-payments requested at the time of visit and not paid by the end of business day, are subject to a “missed co-payment processing fee” of \$5.

#### Outstanding Balances:

If you have a personal balance on your account, a monthly statement will be sent. Payment is due on the statement date or within 30 calendar days of receipt of the statement, unless authorized in writing.

#### Payment Plans:

Bloom Pediatrics understands that full payment may not be possible in certain circumstances. As a courtesy, Bloom Pediatrics may offer the assigned account holder a payment plan. Payment plans are approved on a case by case basis and may be discussed with our management team. For services to be rendered, patients with a payment plan must be in full compliance with all conditions of the agreement. Failure to make scheduled payments on the payment plan or not paying off a balance in full may result in your account being turned over to a collection agency and your family being dismissed from the practice.

#### Collection Accounts:

If your account is submitted to a collection agency, all fees are the responsibility of the assigned account holder. The assigned account holder will receive written notification by way of a dismissal letter and given 30 calendar days to find a new health care provider. If your account is sent to collection and then paid in full, the assigned account holder may request the practice reinstate the account. If the practice permits reinstatement, the practice may charge a \$25 reinstatement fee which is not covered by insurance. The fee must be paid prior to scheduling any future appointments.

#### Returned Checks:

There is currently a \$30 fee for returned checks. Cash or credit card payments will be required for any account with more than one Returned Check Fee in a twelve-month period.

### INSURANCE

Receipt and review of this document certifies that you have been informed prior to receiving treatment from a Bloom Pediatrics provider, that your current health plan may not be liable for services rendered if any of the following conditions apply, and financial responsibility may transfer to the assigned account holder:

- Pre-existing conditions or other diagnosis that may not be covered by insurance
- Provider does not participate in patient’s health plan
- Outstanding deductible and/or co-insurance balance after claims have been paid by insurance
- Well child check-up, immunizations, as well as other routine services not covered by insurance
- After hours charges for sick/office visits after 5pm weekdays not covered by insurance
- After hours charges for sick/office visits on Saturday/Sunday not covered by insurance

Please check with your insurance carrier if you are not sure if routine services are covered, including, but not limited to; surveys and assessments performed during well child exams, vision tests, hearing screens, bloodwork, diagnostic tests and after-hours charges.

Please bring a copy of your insurance card to every visit. A scanned copy of the assigned account holder’s current insurance card and driver’s license is required to be kept on file and may be requested at the time of visit check-in. Please present newly issued insurance cards upon check-in at the next scheduled visit.

As a convenience to our patients, Bloom will file claims to any insurance carrier with whom we are a participating provider. It is the responsibility of the policy holder to be knowledgeable of their eligibility and coverage under their insurance carrier. It is required that the policy holder verify coverage limitations prior to appointment date. Although coverage may be estimated based on your insurance carrier, it is the insurance company, not Bloom Pediatrics that makes the final determination of your eligibility and service coverage. If the insurance company has not processed and paid the claim within a timely manner or has denied the claim, payment of the account balance in full becomes the responsibility of the assigned account holder. If you feel that your claim was unfairly denied by your insurance company, it is the assigned account holder’s responsibility to pursue the insurance company and not that of Bloom Pediatrics.

We accept most insurances including the following Medicaid HMOs and straight Medicaid:

- United Healthcare Community Plan (formerly Great Lakes Health Plan)
- Blue Cross Complete
- Meridian Healthcare
- BCN Focus/Select Plan

We do not accept the following plans:

- Meridian Choice
- Priority Health St. John Network
- HAP Henry Ford (unless open network)
- Molina
- Meridian PPO
- Midwest Health Plan

If you have an HMO insurance plan, please assign one of the physicians in our practice as your child's primary care physician prior to your visit. Failure to do so may result in the need to reschedule the appointment. Any charges not covered due to incorrect primary care physician designation are the responsibility of the assigned account holder.

It is the responsibility of the assigned account holder to understand the benefits of the policy including but not limited to, co-pay amount, co-insurance percentage and deductible amount. We are here to assist you in any way, but every policy is different and unique.

Newborns:

Please contact your insurance carrier to add your newborn to an insurance policy. Most policies require the newborn to be added to the insurance policy by one month of age in order for all services to be paid from the date of birth. Failure to do so may result in a personal balance that is the financial responsibility of the assigned account holder. The newborn is considered to be under mother's insurance and charged the designated co-pay from date of first visit until their own insurance is active. Please contact the office as soon as the baby is active on insurance so the services can be submitted for timely filing and ensure reimbursement from time of birth.

Change of Insurance/Change of Account Information:

Please notify the office as soon as possible of any and all account changes, including co-pay amounts, insurance updates, and change of mailing address. If the account holder does not notify the office within 15 calendar days of these changes, the assigned account holder becomes responsible for any and all charges.

Billing Inquiries:

Questions about a bill should be directed to our External Billing Department, PedsOne at 1-866-371-6118.

## OFFICE POLICIES AND PROCEDURES

### Patient Privacy:

Bloom Pediatrics providers and staff are governed by and comply with the federal Health Insurance Portability and Accountability Act (HIPPA). We are required to abide by the terms of our office Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. A copy of our current HIPPA statement is available upon request. Patients age 18 and older are required to sign a waiver authorizing parental access to their account. Parents of patients over the age of 18 will not be permitted to access any medical or billing information without written consent of patient.

### Missed Appointments:

Cancellations are required 24 hours prior to any well visit appointment and two hours prior to any sick visit via phone call to the practice. A no-show fee of \$35 will be applied if an appointment is missed and not cancelled within the stated timeframe. Bloom Pediatrics reserves the right to refuse the rescheduling of missed double or triple sibling appointments. Multiple no-shows, per family, within a twelve-month period may result in dismissal from the practice.

### Late Arrivals:

Appointment arrivals 20 minutes or greater than the scheduled appointment time may result in the need to reschedule the appointment.

### Records Requests:

Should you wish to obtain a copy of your medical records you must complete the authorization to release records form, which can be obtained by calling the office. This form needs to be completed in its entirety in order to process the request. Records will be mailed to the assigned account holder or available for pick up at the office within five business days of the request and receipt of the signed records release and payment of \$15. All outstanding balances must be paid before records are transferred.

### Health Appraisal/Sports Physical Forms:

A health appraisal or sports form will be generated during every well visit. Upon completion, the form will be added to the patient portal <https://bloom.pcc.com/portal> and made available in the portal documents for your convenience. If you require a health appraisal or sports form outside of a well visit and have had a well visit with a Bloom Pediatrics provider within the last year, you may request one by calling the office. A pre-populated health appraisal or sports form will be added to the portal. Please print the document and complete the top portion of the form (health history) and return via the portal or to the office for completion. This portion is required to be completed by a parent or guardian before a doctor will sign and return it to the portal. Forms requested outside of a well visit require three business days for completion.

### Referrals:

Some insurances may require a referral to be completed by our office in order to see a specialist. Please refer to the list of recommended specialists given to you during your visit. If you did not receive a list, one can be requested by calling the office. Once you have scheduled the specialist appointment, please call Bloom Pediatrics with the date, time and name of the specialist with whom you have an upcoming appointment and your referral will be completed within 3 business days.

### Medication Refills and Prior Authorizations:

If you are in need of a medication refill or require a prior authorization for a medication, please call the office and leave a message for a nurse. Medication refills may require an associated medication refill or medication re-check visit. Prescriptions will be sent to the preferred pharmacy on file with the office unless otherwise requested by the assigned account holder.

**Divorce:**

In the case of divorce or separation, the parent authorizing treatment for the child/children, i.e. the parent or HIPPA authorized adult present for the appointment will be the person responsible for the subsequent charges. Should the divorce decree designate a particular parent as payor for all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the responsible party and not the responsibility of Bloom Pediatrics.

**Family Dismissal:**

Bloom Pediatrics reserves the right to terminate the patient/practice relationship at any time due to but not limited to the following circumstances:

- Any physical or verbal action that intentionally harms or injures another person or any physical or verbal action with the intent to do such harm
- Harassment, manipulative behavior, and other behaviors that can be construed as abusive
- Failure or refusal to conform to or follow rules, regulations, or the advice of a provider or Bloom staff member
- Not adhere to the guiding principles outlined above
- Failure to make or keep scheduled appointments
- Failure to provide accurate, complete, and current information on health status to the physician or practice
- Repeated failure to comply with plan of care
- Failure to take medications prescribed
- Prescription drug abuse
- Failure to follow personal health practices (such as diet), and other aspects of the treatment which have been explained to the patient and which are reasonable within the patient's ability to comply
- Bloom Pediatrics has a zero-tolerance policy for abusive behavior toward any staff member, provider or other patients.

If you have any questions regarding the conditions and terms outlined in this document, please call our office at 248-645-1740 and request to speak with a manager.

Thank you and welcome to the Bloom Pediatrics Family!