



FINANCIAL POLICY

Thank you for choosing Newton-Wellesley Family Pediatrics (NWFP). We are committed to providing you with the best possible care.

1. RESPONSIBILITY FOR THE BILL

All patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While the practice will file verified insurance claims as a courtesy, the patient/guarantor is ultimately responsible for payment and agrees to pay all accounts in accordance with the rates and terms in effect at the time of the appointment.

2. COPAYS, DEDUCTIBLES, AND HEALTHCARE LAWS AT WELL AND SICK VISITS

Newton-Wellesley Family Pediatrics is proud to accept most insurance plans. We are happy to help you learn and understand the policies and procedures of your insurance plan benefits. However, insurance is a contract between you and your insurance company. We are not a party to this contract. We file insurance claims on behalf of our patients. We can supply information as necessary to your insurance plan, but cannot become involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, etc.

While many insurance carriers may provide payment in full for our services, some may put charges towards deductibles or copays depending on your specific plan. **Certain services and procedures provided by Newton-Wellesley Family Pediatrics (such as wart treatments, vision screens, consults with our behavioral health clinician, etc.) may be your responsibility through your deductible. Additionally, some care provided during a well child visit may be deemed as outside of routine well care by an insurance company, prompting a copay or deductible charge.** We are legally obligated to code for the medical care we provide, and it is not possible for us to know what services and procedures your particular policy covers until we file the claim and receive a response from your insurance company. Any questions on whether a particular service or procedure will be covered or applied to your deductible should be directed to your insurance carrier.

As a reminder, insurance applying charges to deductibles or copays does mean they are covering the care, and thus have determined how they apply it to your plan. Codes not accepted by insurance lead to no cost at all.



We at Newton-Wellesley Family Pediatrics are always available for questioning around insurance, and we encourage you to reach out to your insurance plan with any of your questions as well. The following are examples of medical concerns that may lead to additional codes at the well visit to provide clarification.

- **Example 1:** An infant comes in for a routine physical exam and immunizations. The infant also has a cold and fever and is found to have an ear infection. The provider will bill for the physical exam PLUS an additional charge for the ear infection and illness and the parent will be responsible for the copay or deductible on the ear infection charge.
- **Example 2:** A child is seen for a 5-year-old routine physical exam. The child has asthma, and the provider determines that the asthma is not well-controlled and changes the patient's medications and provides a new asthma action plan. The provider will bill for the routine physical exam PLUS an additional charge for medication management of a stable chronic problem (asthma) and the parent will be responsible for the copay on the asthma charge.
- **Example 3:** Newborns are often seen multiple times in the first few months of life. Baby Well Visits typically do not incur a copay. However, "weight checks", "lactation visits" or other problem specific follow up care is considered an office visit and may incur a copay and/ or deductible.

You are responsible for full payment of any charges for medical services provided to your family that are not a covered benefit of your insurance plan. If your insurance company requires a copayment, our office staff is contractually obligated to collect the copayment at the time of service. Self-pay patients are responsible for payment at the time of service.

NWFP accepts most insurance plans and will assist you in understanding your benefits. However, insurance is a contract between you and your insurance company. We are not a party to that contract.



3. PHONE CALLS AND MYCHART MESSAGES

Phone calls and MyChart messages requiring clinical expertise (including after-hours communication) may be billed to insurance. Copays or coinsurance may apply. Contacting us in this manner indicates agreement with these terms.

4. BEHAVIORAL ASSESSMENTS & DEVELOPMENTAL SCREENINGS

In accordance with federal law and American Academy of Pediatrics guidelines, behavioral and developmental screenings are offered at well visits. These are required by MassHealth and covered by most insurers. However, some plans may apply a copay or deductible.

5. MINOR PATIENTS

The accompanying adult and parents/guardians are responsible for full payment at the time of service. We are not party to agreements between divorced or separated parents.

6. OUTSTANDING BILLS & BALANCES

The practice reserves the right to request deposits or full payment of outstanding balances. Deposits may include the outstanding balance plus the patient's share of new services. Patients/families will be asked to pay the outstanding balance in full or establish a payment plan not to exceed six (6) months. Payment plans require consistent monthly payments to remain in good standing.

Our goal is to work collaboratively with families to ensure continued access to care while maintaining fair and consistent financial policies for all patients. Patients experiencing financial hardship are encouraged to speak with the director to discuss available options.

7. ROUTINE VISION AND HEARING EXAMS

Routine vision and hearing assessments may or may not be covered by your insurance plan. Copays and/or deductibles may apply. If you decline these services, please inform staff at the beginning of your visit.



8. TRAVEL VACCINES

Travel vaccines for international travel may not be covered by insurance. Please contact your insurer regarding coverage and deductibles before your appointment.

9. LACTATION VISITS

Lactation visits provided in our pediatric setting are billed under the baby's insurance, not the mother's. Mothers may contact their insurer to locate lactation services covered under the Affordable Care Act.

10. SELF-PAY

Patients who do not have active commercial or public insurance coverage at the time of service are considered self-pay patients.

Expectations for Self-Pay Patients:

- Patients/families are responsible for the full cost of the visit at the time of service.
- Current self-pay rates for well and sick visits will be communicated at the time of scheduling.
- Payment is due at check-in, prior to being seen by the provider.
- **Additional services performed during the visit (e.g., testing, procedures, screenings, vaccines) are not included in the base self-pay visit rate and may result in additional charges.**
- If payment is not made at check-in, the patient will be billed for the full self-pay amount plus any additional services provided.

Failure to meet these expectations may result in rescheduling of non-urgent appointments or delay of future non-emergency care.