

Billing 101

The providers of Jeffers, Mann and Artman Pediatrics strongly agree with the AAP recommendations that your child receive regularly scheduled checkups and routine follow-up of chronic conditions such as Asthma or ADHD. These visits may include services such as developmental/preventive care screenings, vaccines, routine labs, and testing of hearing and vision.

Due to the many changes in the health insurance industry, this informational sheet was developed to assist our families on what to expect at the time of your visit. Although we are contracted with most insurance companies (a list of these insurance companies can be found on our website at www.jeffersandmann.com), services can be “plan” specific and may not be covered by your particular plan. We highly recommend that you contact your insurance company regarding the specifics of your coverage. While we verify your insurance eligibility, verification is not a guarantee of payment. It is very important that you know your insurance benefits as you will be held accountable for any balance unpaid by your insurance plan.

Know your insurance plan – With higher deductible and health savings accounts, it is important to know your policy. Below are some questions you will want to ask when calling your insurance company.

- Is JMA an in-network provider with your insurance?
 - Does your plan cover well care visits? Are these visits covered at 100%?
 - Does your plan cover sick visits?
 - Does this coverage begin at birth?
 - Are there coverage limitations?
 - Are there restrictions to vaccine coverage?
 - What is your copay and/or deductible?
 - What coverage does your plan have for in-office labs?
 - Does your plan limit which lab facilities you may use outside of our office? (LabCorp, Quest Diagnostics, etc.)
 - Does your plan limit which hospital or specialists you may utilize?
 - What coverage does your plan have for after-hours care?
- ✓ If you have changes in your insurance, it is important to update this information with us as soon as possible, as you will be responsible for any remaining balance after your visit is filed with your insurance company.
- ✓ Please make sure you add your newborn to your insurance plan *within 30 days of birth*
- ✓ Medicaid & NC Health Choice – JMA must be the assigned provider listed on your card



Newborns – We follow the AAP guidelines which recommend that your baby is seen for a follow-up visit within 48 hours of discharge from the hospital. Typically, this first office visit occurs at 3 to 5 days of age. This visit is generally scheduled as a “well visit” and is most often covered by your insurance carrier as a well check-up. At this visit we check that your baby is starting to gain the weight that he or she lost initially, check how your baby is feeding, and look for signs of jaundice. This visit also gives us the chance to answer any questions that you may have. If your baby is diagnosed with jaundice or any issue other than normal newborn well check, this visit may be billed as a sick visit or as a combination “well”/”sick” visit. In this case, your copay or deductible may apply.

NOTE: Please make sure to add your newborn to your insurance policy as soon as possible (*your baby MUST be added within 30 days of birth*).

Well checks – Coverage for well checks typically involve:

- Measure height, weight and head circumference (depending on age) and plot them on a growth chart
- A body mass index (BMI) is calculated for all children 3yr and older
- Examine body parts and systems
- Discuss age related expectations and guidance
- Discuss age-appropriate nutrition
- Discuss schooling (if age appropriate)
- Fill out forms for daycare/sports
- Refill Medications



- **Addressing additional concerns at your Well Child Visit that may result in an additional charge:**

Other concerns that are more complicated and involve more time or expertise such as chronic (prolonged duration) headaches, stomach pains, psychological/school problems, ADHD recheck, asthma rechecks or other medical issues usually require a separate code and charge in addition to the check-up. Addressing these concerns during your well check may result in your being charged for a sick visit in addition to your well visit. Your insurance company will apply a co-pay/deductible for the sick visit. ***If you would prefer, we will schedule a separate visit to address any chronic issues.***

Charges -

- We charge for all services/procedures performed by our providers, some of these procedures may be applied to your deductible
 - We charge \$20.00 for after-hours Triage calls. We do *NOT* charge for calls regarding patients two (2) months and younger or if your child is referred to an Emergency Room.
 - There is an after-hours charge of \$40.00 for an Evening/Saturday/Sunday visit. (This charge may or may not be covered by your insurance carrier)
 - Please notify our office at least 24 hours in advance for scheduled appointments, or at least 2 hours in advance for same-day appointments, to avoid a \$50 no show fee.
 - Please be aware that if any outside labs or x-ray services are required, you will receive a separate bill from those facilities.
 - **Payment -**
 - ✓ Your anticipated portion of all services is expected to be paid in full at the time of the visit. Failure to provide payment at check-in could result in your appointment being rescheduled.
 - ✓ If you are self-pay or have a high deductible plan, we will provide you with a calculated estimate of your charges, which must be paid in full at time of service.
 - ✓ Parents or guardians are responsible for paying co-pays, co-insurance and/or deductibles at the time of service. (Please remember that we do not set your copay amount. Your copay is determined by your insurer. Per our contract with your insurance company, we are not able to waive or reduce copayments.)
 - ✓ If parents or guardians are not present, payments are still expected at the time of service. Payments may be called in ahead of time or given to the patient/caregiver present.
 - ✓ In the case of divorce or separation, the parent bringing the child to our office (authorizing treatment for the child/children) will be the parent responsible for all charges. Please make sure you know your plan so there are no surprises as you are responsible for payment of charges not covered by your plan. The care we provide during these visits is done in the interest of your child's current and future health regardless of insurance/payment issues and we do not advise postponing or omitting any labs, vaccines, screenings, tests, evaluations or other recommended services.
- You will be asked to read and sign stating that you understand and accept responsibility for payment.