



Mid Valley Pediatrics & Allergy Center

Thank you for using Mid Valley Pediatrics & Allergy Center for your child's medical needs. Please understand that we are here to help you. We are legally bound by your insurance rules. Please call our office for information specific to your insurance policy. These are some of the rules set by INSURANCE companies:

€ We cannot do a Well Exam and Sick Visit together, on the same day. You will have to be seen on separate days for well and sick visits.

€ We can do a Well Exam and a Sick Visit ONLY if we collect a co pay/ deductible charge for the sick visit. We normally do not charge for minor items like insect bites and diaper rash. In case we have to do treatment with prescription medications, or do procedures, referrals, we charge the copay.

€ Labs are subject to deductible; you would be responsible to pay the insurance allowable, before we do the test.

€ Procedures are subject to deductible; we will collect the allowable charges set by your insurance plan, before we do the procedure.

€ Per your insurance you have a well-child exam and vaccination max amount. You will be responsible for the remaining balance after you have maxed out your benefits. We will try to give the cost of vaccines for free, but there will be a charge for vaccine administration.

€ Flu shots are covered under your policy with a copay.

You will be responsible for the visit if you do not update your coordination of benefits with your insurance. This means the POLICY HOLDER has to call the insurance company ANNUALLY and tell them if you have or do not have any other insurance. The insurance will NOT pay any bills unless this is done.

You will be responsible for the visit in case your insurance is retroactively terminated. In other words, though we verify your insurance at every visit, the insurance company can backdate the termination of your insurance, and you will be responsible for the charges.

To help us, please let us know what insurance your child has and if there is any change in the insurance plan. If you have Medicaid or CHIP, please let us know if you have any commercial insurance like Blue Cross Blue Shield or Aetna. If you have a commercial insurance and have a balance and later get Medicaid/ CHIP, you are still responsible for the prior balance. Please let us know as early as possible. It takes us about 1 hour to verify insurance and you will have to wait, in case you tell us on the day of the visit.

We will send you statements for any balance you may owe us.

PLEASE REMEMBER, YOUR INSURANCE COMPANY SETS THE RULES

Please see the next page for explanation of some insurance terms

Allowable charge—sometimes known as the "allowed amount," "maximum allowable," and "usual, customary, and reasonable (UCR)" charge, this is the dollar amount considered by a health insurance company to be a reasonable charge for medical services or supplies based on the rates in your area.

Coinsurance—the amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.

Coordination of benefits—a system used in group health plans to eliminate duplication of benefits when you are covered under more than one group plan. Benefits under the two plans usually are limited to no more than 100% of the claim.

Copayment—one of the ways you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.

Deductible—the amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Effective date—the date on which a policyholder's coverage begins.

Exclusion or limitation—any specific situation, condition, or treatment that a health insurance plan does not cover.

Explanation of benefits—the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

Out-of-pocket maximum—the most money you will pay during a year for coverage. It includes deductibles, copayments, and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Termination date—the date on which a policyholder's coverage ends.