

Dundalk Pediatric Associates

1792 Merritt Blvd.
Baltimore, MD 21222
Phone: 410-284-1133 Fax: 410-284-3371

FINANCIAL POLICY

To ensure that Dundalk Pediatric Associates has financial stability and can continue to provide medical services to the community and region, the following credit policies shall be enforced.

To the parent, or his legal representative, who requests treatment for a child is ultimately responsible for all charges incurred.

The physician will bill insurance plans as a courtesy to its patients *if* the patient provides the required insurance information *and* signs an assignment of benefits statement.

Patients with insurance policies that cover only a portion of treatment must pay the difference between actual charges and the anticipated insurance payment. This payment *may* be requested and due at the time of service.

Payment for all charges that are not covered by insurance are due and payable at the times of service.

All information given regarding the ability to pay, third party insurance, employment, etc., will be subject to verification.

Patients may be requested to make full payment of unpaid balances when insurance payments are not received after 60 days from date of billing.

Prior to providing services, payment of prior outstanding accounts may be requested and should be paid. Specific payment arrangements may be approved by the office manager.

Patients with unpaid delinquent accounts or accounts that have been written off to bad debt may be denied treatment in the future.

This office will not become involved in disputes arising from third party claims (i.e., automobile accidents, liability claims, etc.) with the exception of verified Worker's Compensation claims, or claims involving Medicare and Medical Assistance.

The following payment methods will be accepted: cash, check, money order, VISA, Master Card, and American Express.

Accounts which cannot be collected by the physician after normal in-house collection procedures may be referred to a collection agency for further collection action in accordance with the established guideline of the office. A fee for instituting this process will be assessed to the patient's account (currently \$10).

Accounts will not be reduced or discounted unless approved by the physician or delegated representative. Employee, medical staff discounts will be provided in accordance with credit and collection policy.

Medical services for life threatening conditions will be provided of patient's ability to pay. If the condition is not considered to be life threatening, the patient will be directed to an appropriate facility for treatment if they are unable to pay or provide valid insurance information.

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NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights to privacy regarding your protected health information. This information can and will be used in the following ways:

Treatment – meaning providing, coordinating, and managing health care by one or more health care providers.

Payment – obtaining reimbursement for services, billing activities, and utilization review.

Health Care Operations – involving business aspects of our practice such as quality assessment, cost-management analysis.

Health Information Exchange – The health information exchange (CRISP) provides the ability to exchange information with other providers and all hospitals in Maryland. You have the right to “opt-out” of this exchange. A form will be provided at your request if you choose to opt out.

We may also create and distribute health information after removing all references to information which can be matched to an individual patient or family.

We may contact you to provide appointment reminders or information about treatment.

Any other uses and disclosures will be made only with your written authorization. You may revoke this authorization in writing and we are required to abide by that written request, unless we have already taken actions relying on your authorization.

You may present a written request to the Privacy Officer for the following:

To request restrictions on certain uses and disclosures of protected health information, such as disclosures to family members or other persons identified by you.

To request the receipt of confidential communications from us by means other than mail sent to the address of record or phone calls to the number on our files.

To inspect and copy your health information.

To request an amendment to your health information.

To receive an accounting of disclosures of protected health information.

To request a copy of this notice.

For more information about HIPPA or to file complains:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independent Avenue, S.W.
Washington, DC 20201
(202)619-0257 or 1-877-696-6775