



1145 Reservoir Avenue, Suite 124 Cranston, RI 02920-6055
Phone: (401) 943-7337 Fax: 401.942.1509

Financial
Policy



Web: AtlanticPediatricsRI.com

Our Financial Policies:

1. There are many different types of health insurance, plans, and coverage levels. Most families have health insurance of some type for their children, but it is still the **parent's or guardian's responsibility to make sure that all charges for our services are paid.**
2. If applicable according to your health insurance plan, **you are responsible for any and all co-payments, deductibles, and coinsurances** for all medical services received. These fees are determined by your insurance company you selected, not by us.
3. **All co-payments are expected to be paid at the time of service.** This is an insurance company requirement.
4. We consider the **parent that schedules the child's appointment and/or accompanies the child at the visit to be personally responsible** for all charges that occur related to that visit not covered by insurance. We may need to copy your driver's license or ID.
5. **We are required to see your child's health insurance card at each and every visit.** If we are your child's primary care physician (PCP) and your insurance requires it, make sure the **name of Dr. Concannon, Dr. Vitale, or Atlantic Pediatrics appears on your card.** If your insurance company has not yet been informed that we are your PCP, you may be financially responsible for your current visit.
6. It is your responsibility to keep us updated with your **correct insurance information.** If the insurance information you provide us is incorrect, you will be responsible for payment of the visit. You must have your newborn registered with your insurance before we can provide medical service for your new baby
7. It is your responsibility to know which of our medical services are covered by your insurance company. For example, **not all plans cover well visits, sports/camp physicals, virtual or video visits (telemedicine). Recommended shots, vision, hearing, and developmental screenings may or may not be covered by your insurance.** If these are not covered, you will be responsible for payment of those services. We suggest before you make an annual physical appointment, that you check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.
8. Care rendered related to **sick child issues is not considered well-child care** and is not covered by 'Well Child Care No Co-Pay' rules. In these situations a copay or deductible amount may result. This applies even if the child was originally scheduled for a Well-Child Visit, but has significant health concerns addressed during physical exam. We may also run strep, flu tests, COVID tests etc. on your child that are not necessarily covered by your insurance.
9. Once the health insurance company has settled the claim with us for each visit, we will bill you for any amounts due but not paid by your insurance. **Your payment to us is due within 10 business days of your receipt of our bill for our services.**
10. It is your responsibility to know if a written referral authorization from us is required to see specialists, and whether the specialist is participating with your health insurance. Remember, we must approve all such referrals authorizations **before** they are issued.
11. **It is your responsibility to understand your health insurance plan** with regard to the need for you to receive medical services at participating specialists, labs, x-ray centers, and hospitals.
12. If you do not have current health insurance, if we do not participate in your insurance plan, or if you cannot prove current health insurance, you are expected to **pay for services in FULL at the time of the visit.** We accept cash, checks, Visa, MasterCard, and Discover credit and debit cards.
13. Unless previous arrangements have been made with our office for a payment plan, any unpaid amounts due to us for **longer than 90 days will be forwarded for collection action.** You will be responsible for any reasonable attorney fees we incur to collect the debt. This may also adversely affect your credit rating.
14. **There is a charge of \$20 for missed appointments not cancelled in the previous 24hrs. Please know that insurance companies will NOT pay this bill for you, including not for those with Medicaid/RiteCare.**
15. **A \$20 fee plus all bank fees will be charged for any bounced checks (insufficient funds).**
16. For well-child and physical appointments, **any prior unpaid amounts due us must be paid before we will issue the Physical Exam and clearance form.**
17. We will give you a **physical form and vaccine record** at the time of your child's annual well-child physical provided your balance due us is up to date. It is your responsibility to keep and make copies of the form as needed throughout the upcoming year. However, should you lose this form and need to replace it, there will be a **\$5 charge for a new copy.**
18. Any special school, camp, or sports physical forms that are requested are subject to a **\$5-per-form fee.** This includes Family and Medical Leave Act forms and many special football clearance forms. Payment is due when the forms are dropped off. We require 3-day turnaround time. Other fees may apply in special circumstances.