

To: OUR GHI PATIENTS

From: Management Team

RE: Revision to IKP's Policies

Be advised of the below revision of our Financial Policy. We require you to review and acknowledge you have seen the policy revisions. It is expected that you have an understanding of what your policy covers, know your copayment amounts, deductible and coinsurance amounts.

Be advised your GHI PPO insurance will charge copayments on test such as hearing test, vision tests, spirometry test, lab tests in addition to the office copayment.

Remember, your insurance coverage is a contract between you and your insurance company.

Lab Copayments for GHI:

Lab Copayments for Gn1:		
-Hearing Test (OAE) \$20.00	-Spot Vision \$17.00	-
Glucose \$5.00		
-Hearing Test (Audiometry) \$10.00	-Flu Test \$20.00	-Urine
Analysis \$1.50		
-Hearing Test (Tympanometry) \$15.00	-Rapid Strep Test \$12.60	-Smart
Form \$5.15		
-EKG \$20.00	-PHQ 2/9 \$7.00	-Rapid
Covid-19 Test \$20.00		•
-Fluoride Varnish \$20.00	-Peds/M-Chat Survey \$15.00	

Maximum Daily Lab Copayment is \$20.00. This is an addition to \$15.00 Office Visit Copayment.

Revision to section: Billing & Payment Policy

At the time of service, you are responsible for copayments, co-insurance, deductibles and any non-covered services. Failure to make your payment at the time of service <u>can results in an annual finance charge of 25%</u>. Be advised any outstanding balances are due within 28 days of the statement. All balances reaching 30 days past due will be charged the <u>annual finance charge and or be sent to a collection agency</u>. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the delinquent balance. If we do not participate in your insurance plan you are responsible for full payment at the time of service.

Convenient options to pay your bill timely to avoid statements, finance charges and or collections fees!

 Pay at the time of service, our office accepts Visa, American Express, Discover, MasterCard, checks and cash for your convenience.

- Sign the form for Credit Card on File Authorization. Your Patient Responsible balance will be applied to your card and your receipt will be sent to the patient portal automatically.
- Secure online bill pay on our Patient Portal: Go to www.islandkidspediatrics.com

Web Enable: Please keep your email updated to receive test & lab results, medical summaries, immunization records, billing statements and receipts and much more.

Current email address:			