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Financial Policy

At Concord Pediatrics, PA (CPPA), we are committed to providing you with the highest quality medical care. If you have medical insurance, we are pleased to assist you in obtaining your maximum allowable benefits. To achieve these goals, we require your understanding and cooperation with our Financial Policy.

Billing Accounts and Charges

1. Each account must have a guarantor who is responsible for the payment of services. It is the guarantor's responsibility to notify CPPA of any changes to insurance coverage for the patient(s). It is also the guarantor's responsibility to notify any other party who may be responsible for payment of services of these policies.
2. We participate with many major insurance companies, but as a small independent practice, we do not accept all policies. It is the guarantor/parent(s) responsibility to verify with CPPA Billing staff whether we participate with your insurance plan in advance of your child(ren)'s appointment. If you are changing to a NH Marketplace insurance, please note that we only accept NH Healthy Families, not other Medicaid products.
3. Each insurance company has timely filing requirements and if Concord Pediatrics PA does not have accurate insurance information and the filing deadline is reached, the guarantor will be responsible for the full cost of any appointments.
4. If we participate with your insurance company, we will submit all charges for services rendered to your insurance provider. CPPA is authorized to be paid directly from the insurance company. Guarantor/parent(s) are responsible for all balances not covered by the insurance plan, as allowed by the law.
5. The well child exam is an important part of your child's preventive health care. The purpose of your child's preventative exam is to detect problems early and/or prevent problems before they occur. If your child comes to their annual visit with symptoms of an active medical problem, or if one is identified during the visit, additional care or treatment may be needed. Depending on urgency and schedule flexibility, we may be able to accommodate you on the same day. If these additional services are provided on the same day as your child's scheduled well child visit, **your insurance plan may require additional co-payments, deductibles or other out-of-pocket expenses.**
6. If your insurance plan requires a written referral for your child to see a specialist or for other procedures, please allow us three (3) business days to process the referral before your appointment. Most insurance carriers do not accept retroactive referrals. Some referral requests may require in person evaluation prior to providing a referral.
7. If we do not participate with your insurance company, we cannot bill them directly or accept payment from them. Patients will be responsible for the bill. Payment for office visits is due at the time of service.
8. If your child is seen outside of normal business hours, an after-hours charge will apply.
9. Copays are due on the date of service. If the copay is not paid within 7 business days, there will be a \$15.00 late charge per patient appointment.
10. Payment of balances is due at the time services are rendered. We accept cash, checks, MasterCard, and Visa.
11. Balances that remain unpaid after 30 days may incur additional fees, or be eligible for collections.
12. Any returned checks will be subject to a \$40 fee.

Missed Appointments

1. We ask that you inform our office twelve business hours in advance if you cannot attend your scheduled appointment, so that we may use the opportunity to schedule another patient in that time slot.
2. If you inform our office less than twelve business hours in advance, or if you do not arrive to a scheduled appointment, it will be considered a missed appointment. There is no charge for a first missed appointment for each family/account, but we will remind you of our policy.
3. A second missed appointment per family/account will be charged \$75, which is not covered by insurance or HSA.

4. After a third appointment is missed, we reserve the right to discharge the family from our practice, even if the missed appointment fee was previously paid.

Record Transfer and Copying

- There is no charge for the first copy of your records from Concord Pediatrics, PA. If additional copies are requested after one set has already been transferred/copied, a fee will be charged per page, per patient chart in addition to the handling fee.
- If records are requested to be mailed, there will be a postage/handling fee of \$20 assessed for each copy mailed. Any additional copies of the medical record requested will also be assessed the handling/processing fee.

This financial policy may be amended by the practice at any time without prior notice to the patient but CPPA strives to offer fair, consistent billing practices.