



Financial Policy

Thank you for choosing Wee Care Pediatrics (“WCP”) for your child’s health care services. At WCP we are committed to provide compassionate, comprehensive care for your children. From the first phone call to the last follow-up, we believe your experience with us should feel like a relationship, not just an appointment.

This Financial Policy will explain our billing policy and expectations. Please read it carefully. A copy will be provided upon request and a copy is kept with your billing and medical records.

Responsible Party

- You are responsible for charges accrued for your child under the age of 18 whether unaccompanied or in the presence of you or another care giver.
- You will be responsible for charges accrued by children who have turned 18 until such time as you notify WCP in writing, prior to services being provided, that you no longer accept financial responsibility.
- In a divorce situation, you, as a parent, are responsible for all charges incurred. Although a divorce decree may state that an ex-spouse is responsible for medical bills, WCP has no authority to enforce compliance with such a decree and requires payment in accordance with this policy.

Insurance

- You are responsible to provide WCP with your current and accurate health insurance information at the time of service and to understand the benefits covered under your insurance plan. You are also responsible to contact your insurance company about any dispute and to pay for all amounts not paid by your insurance for any reason.
- WCP will submit claims to your health insurance on your behalf, however we reserve the right to refuse insurance and collect payment in full from you (i.e. out-of-state Medicaid, student plans, travel health plans, Medicare or if insurance information is provided after claim filing deadlines, etc.).
- WCP will not submit claims to auto insurance carriers but will provide you with the billing form upon request. WCP will submit claims to your health insurance for auto related charges due to timely filing deadlines imposed by health insurance companies.

Co-Pay Due At Time of Service

- Co-payments are due at the time of check in, prior to service. Additionally, payment of any prior unpaid balance will also be required at time of check in.

Self-Pay Patients

- Patients without insurance will be required to pay an \$80 fee at check-in, prior to service, as a payment towards the charges for that day. Any additional charges will be billed to you.

Un-Paid Balances / Statements/Interest

- WCP require that any unpaid balance be paid at time of service unless payment arrangements have been made prior to your visit. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. Payment is due upon receipt of the statement.
- Balances remaining unpaid over 30 days will accrue interest in the amount of 1.5% of your balance each month (18% APR) and may be turned over to an outside agency for collection.

Method of Payment

- WCP accepts the following types of payments:
 - Cash
 - Personal Check, including cashiers check, and money orders (no third-party checks)
 - Visa, American Express, MasterCard and Discover

Layton * Kaysville * Roy * Syracuse

Phone: 801-773-8644

wcpeds.com

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Payment Plan Option

- When appropriate, and at WCP's discretion, WCP will offer monthly payment plans.
- The payment plan structure and duration will depend upon the total balance owed, but will not in any event last longer than four (4) months.
- Payments are due in our office on the agreed upon date and must be greater than or equal to the amount agreed upon.
- If a payment is missed, your account may be turned over to an outside collection agency without prior notice.
- Payment plans are intended to bring past-due amounts current.
- Failure to follow the payment plan will render the agreement null and void.
- Finance charges are assessed on patient balances older than 30 days in the amount of 1.5% per month (18% APR).
- WCP offers automated monthly or bi-weekly payments for a \$1.50 fee per transaction. This offer is exclusively for payments made with credit cards and becomes null and void if your credit card is declined.

Collection Agency

- WCP will work with you and make every reasonable effort to keep your account in good standing. However, WCP reserves the right to refer your account to an outside collection agency for reasons that include but are not limited to the following:
 - Invalid patient demographic information (address, phone, etc.) with return mail and no forwarding address;
 - Failure to provide timely, accurate insurance information;
 - Failure to pay patient balance;
 - Failure to follow through with payment plan agreement;
 - Failure to follow through with statement discrepancies, insurance denials and follow up; or
 - Failure to follow through with other correspondence from your insurance company or WCP that prevents payment on your account.
- An account referred to an outside collection agency will be charged an additional 30% collection fee on the unpaid balance. You will also be responsible for additional service fees, interest and attorney's fees while your account is in collection.

Return Checks

- Checks returned to WCP unpaid by your financial institution, regardless of reason, will be posted back to your account in the original amount of the check and immediately turned over to an outside agency for collection.
- In accordance with state law the agency will provide you with written notice of any dishonored check and a return check fee is assessed.
- If the check is not paid within 15 days from the date of the notice an additional fee is assessed in accordance with Utah state law.
- After 30 days you may be liable for damages, civil penalties, plus court costs, attorneys' fees and collection fees, as provided by Utah state law.

Dismissal from Practice

- WCP reserves the right to dismiss patients from our practice for a non-payment. If you have a history of non-payment or your account has been turned over to collection, you may be eligible for dismissal.
- Prior to dismissal, WCP will send you a certified letter notifying you of our intent to dismiss unless payment in full is made on your account.
- If payment is not made within the specified amount of time, a certified dismissal letter will be issued. WCP will provide emergency care only for thirty (30) days after the date of the letter to allow you time to find another physician for your children.
- You will not be eligible to see any other physician at WCP after the 30-day notice has expired.

Questions or Concerns

- If you have any questions regarding your account or regarding this policy, please contact our billing department at (801) 927-1616.

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