keānuenue PEDIATRICS

Patient Payment Policy: What You Need to Know

Welcome to Keanuenue Pediatrics, LLC. We are dedicated to providing the highest quality medical care for your child and aim to make the financial aspects of their care as transparent and manageable as possible. Understanding healthcare billing can be complex, and this policy outlines what you need to know regarding payment for services.

Our Commitment: We are here to partner with you in your child's health. Clear payment policies help us ensure we can continue providing timely, excellent care.

Insurance and Your Responsibility:

- **Working with Insurance:** We work with most major insurance plans. Please provide your current, complete insurance information at or before each visit.
- **Out-of-Network/No Card:** If we are not participating providers with your insurance plan, or if you do not have your current insurance information or card with you at the time of service, payment in full is required at the time of the visit.
- **Know Your Benefits:** It is your responsibility to understand your specific insurance plan benefits, including covered services, deductibles, copayments, and coinsurance amounts. While our billing team can assist with general questions, please contact your insurance provider directly for detailed questions about your plan coverage.

Payment at Time of Service:

- **Copayments and Deductibles:** Your insurance plan determines your copayment (copay) and deductible responsibilities. As per your agreement with your insurance company, we are required to collect your designated copay and any applicable deductible amount at the time of service.
- **Non-Covered Services:** You are responsible for payment for any services deemed non-covered or not medically necessary by your insurance plan. We will attempt to inform you of potential non-covered services and associated costs in advance whenever possible.

Good Faith Estimate (For Uninsured or Self-Pay Patients):

- If you do not have insurance or choose not to use your insurance for a service, you have the right to receive a "Good Faith Estimate" outlining the expected charges for your medical care. This estimate will be provided to you before your appointment is scheduled or service is rendered.

- Under the law, if you receive a bill that is $400 or more than your Good Faith Estimate, you have the right to dispute the bill. For more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Credit Card on File Requirement:

- To streamline the billing process and manage patient balances efficiently, we require an active credit card or debit card to be kept securely on file for each patient/family account.
- Your card on file will be used to process:
  - Copayments and deductible amounts due at the time of service.
  - Patient balances indicated on the Explanation of Benefits (EOB) received from your insurance company.
  - Balances for services not covered by insurance.
  - Outstanding balances older than 30 days.
- You will receive an Explanation of Benefits (EOB) from your insurance company detailing how your claim was processed and outlining your financial responsibility. Our billing office will notify you before processing any balance greater than $250 on your card.

Late Payments and Outstanding Balances:

- Accounts with outstanding balances are subject to our **Patient Nonpayment Policy**. Please refer to that separate policy document for detailed information on the steps taken for overdue accounts, including reminder notices, potential referral to collections, and possible discharge from the practice for delinquent accounts.

Missed Appointments:

- To respect the time of our providers and other patients, we require at least 24 hours' notice if you need to cancel or reschedule an appointment.
- A fee of $50 will be charged for missed appointments or cancellations with less than 24 hours' notice.
- Repeated missed appointments may result in discharge from our practice.

Questions?
We are here to help! If you have any questions about your bill, our payment policy, or need assistance understanding your statement, please contact our billing office at 808.600.2180 or email aloha@keanuenuepediatrics.com.

Thank you for choosing Keanuenue Pediatrics, LLC for your child's healthcare needs.

Patient Nonpayment Policy

At Keanuenue Pediatrics, LLC, our primary focus is providing exceptional medical care to your children. As a private practice, timely payment for services rendered is essential to cover operational costs and maintain the high standard of care you expect. This policy outlines our procedures for managing patient accounts with outstanding balances.

We understand that managing healthcare expenses can sometimes be challenging. If your account falls into a past-due status, we will follow these steps:

1. **Initial Statement:** An initial statement detailing services rendered and the amount due will be sent. Payment is expected upon receipt of this statement.
2. **First Reminder (Approximately 30 Days Past Due):** If the balance remains unpaid 30 days after the initial statement date, a second statement and/or a reminder notice will be sent. This communication will reiterate the outstanding balance and encourage you to contact our billing office if you require assistance, wish to discuss payment options, or have questions about your bill.
3. **Second Reminder & Final Notice (Approximately 60 Days Past Due):** If the balance is still outstanding 60 days after the initial statement date, you will receive a final notice letter. This letter will clearly state that the account must be settled or a payment arrangement made within 15 days to avoid further action.
4. **Collections Referral (Approximately 75 Days Past Due):** If no payment is received or a satisfactory payment arrangement has not been established within 15 days of the final notice, the account will be referred to an external collections agency. You will be responsible for any additional fees incurred from the collections process.
5. **Potential for Discharge:** Accounts referred to collections may result in the patient/family being discharged from the practice. We strive to avoid this outcome and encourage open communication regarding payment difficulties.
6. **Account Management for History of Delinquency:** Families with a history of delinquent payments or accounts previously referred to collections may be required to maintain an active credit card on file with our office for future services. Payment for services will be processed at the time of visit.

We genuinely understand that unexpected financial difficulties can arise. If you anticipate or are experiencing challenges in paying your balance, please contact our billing office *as soon as possible* at 808.600.2180 or email aloha@keanuenuepediatrics.com. Our team is committed to working with you to explore potential solutions, such as payment plans, to help manage your account and maintain continuity of care for your child.

Our goal is to partner with you in your child's health journey. Please feel free to reach out to our billing department if you have any questions regarding your statement or our payment policies.

Newborn Financial Policy

Welcome to our practice! We are excited to care for your new baby. We understand that adding a newborn to your insurance plan can sometimes involve delays, and we want to support you through this process. This policy outlines how we handle billing for your newborn's care while awaiting insurance confirmation.

- **First Month After Birth:** To help ease your transition into parenthood and to allow time for your insurance enrollment to process, we will not collect any copays or patient responsibility amounts for your newborn's visits and care during the first 30 days after their birth.

- **After 30 Days (If Insurance is Still Pending):** If your newborn's insurance coverage is not yet active after 30 days, we will ask you to provide a deposit at the time of service. This deposit will be applied towards the patient responsibility once insurance processes the claim. The deposit amounts are:

    - $200 for well-child visits
    - $100 for acute (sick) visits
    - *Please note:* This deposit is designed to be *reimbursable*. Once your insurance information is active and processes the claim, any overpayment will be refunded to you promptly. The refund will be mailed as a paper check in the amount of the credit remaining after the initial claims have settled.

  At this stage, we highly recommend you follow up with your insurance provider to ensure that your application for insurance is in process.

- **By 60 Days After Birth (If Insurance Remains Inactive):** The deposit collection policy described above will continue. At this stage, we strongly encourage you to contact your insurance provider immediately to confirm your baby's enrollment status and ensure coverage is backdated to their date of birth. You will be responsible for any portion of our fees that insurance does not cover once coverage is active.

- **By 90 Days After Birth (If Insurance Coverage Has Not Been Secured):** If insurance coverage for your newborn has still not been established or confirmed by 90 days after birth, we will proceed with filing claims using the insurance information you have provided. Per our standard financial policy and terms of service, if these

claims are rejected by the insurance company due to lack of active coverage, the full balance of the services rendered will become your responsibility.

Important Recommendations:

- **Enroll Immediately:** We highly recommend adding your newborn to your insurance plan as soon as possible after birth to prevent potential gaps in coverage and unexpected medical bills.
- **Stay Informed:** Keep us updated with any changes or confirmations regarding your newborn's insurance status. Providing us with the active insurance card as soon as you receive it is crucial.
- **We Are Here to Help:** Navigating insurance can be complicated. Our billing team is available to assist you with understanding this policy, understanding your benefits, and guiding you on the steps to ensure your new addition is properly covered. Please do not hesitate to contact our billing office at 808.600.2180 or aloha@keanuenuepediatrics.com with any questions or concerns.

Thank you for choosing our practice for your newborn's care.

Patient Late and No-Show Policy

At Keanuenue Pediatrics, LLC, we strive to provide excellent medical care to our patients. In order to do so, it is important for patients to arrive on time for their scheduled appointments.

A late arrival is considered 15 minutes or more past the scheduled appointment time. A no-show is a missed appointment without 24 hours notice.

Our policy for late arrivals and no-shows is as follows:

- If a patient is late to an appointment, with approval from the provider, we will still see them for the remaining appointment time. However, 3 late arrivals will be considered the equivalent of 1 no-show.
- If the provider is unavailable to see the patient, the patient has the option to wait and be seen at the provider's next available time. Patients who arrive on time will be prioritized, and parking will not be covered for this wait.
- Patients who call to inform us they're running late as a courtesy receive more leniency
- If a patient misses an appointment without contacting our office to cancel or reschedule within 24 hours, this is considered a no-show.
- After 3 no-shows to scheduled appointments, the patient may be discharged from our practice.
- We appreciate advanced notice for cancellations as it allows us to offer the appointment time to another patient.

We understand last minute schedule changes can occur. Please call us as soon as possible if you need to cancel or reschedule an appointment so we can work to accommodate your family.

Our goal is to see patients in a timely manner and keep wait times to a minimum. We appreciate your understanding and cooperation with our late and no-show policy. Please let us know if you have any questions.

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