



THE PEDIATRICIANS OF HYDE PARK, LLC  
3666 Paxton Ave  
Cincinnati, OH 45208

## 2026-2027 Financial Policy

Thank you for choosing us as your child's health care provider. We strive to provide the very best care for you and your family. It is important for our patients to understand their financial responsibilities. Please make sure you bring your current insurance card to every appointment. If you do not have a current insurance card, you can pay in full at the time of service or you may reschedule. For newborn babies, please make sure that you add them to your primary insurance plan in the first 30 days of their life. If you have secondary insurance, please inform us and your insurance company. We need to have the most up to date information to file the medical claim with your insurance company.

To obtain reimbursement for services provided to my child by The Pediatricians of Hyde Park, I authorize disclosure of my child's record for treatment, payment, and healthcare operations.

### **Afterhours calls**

Effective immediately all after hour calls made to the physician on call will be charged \$30.00 to your account.

### **Copays:**

Copayments and/or any non-covered service amounts are due at the time of service regardless of who brings the child to the appointment.

### **Appointment Cancellations:**

Missed appointments are costly to our practice, to you and to the other patients needing an appointment. If you must cancel or reschedule your appointment, please give us a 24-hour notice. We reserve the right to charge a fee of \$50.00 for late cancellation/missed appointments. Continued excessive abuse of unfulfilled scheduled appointments may result in discharge from our practice. If you arrive 15-30 minutes or later beyond your scheduled appointment time, we reserve the right to reschedule your appointment.

### **Billing & Collections:**

Our billing staff will submit the bill for your appointment with your insurance company. For any patient balance due for more than 60 days, \$5 per month will be charged to your account until the balance is paid off. This is to cover the cost of sending additional bills and statements. If a check is returned because of insufficient funds, you will be charged a \$30.00 fee to cover the bank cost. If there are two returned checks, you will have to pay by cash or credit.

Payment in full is expected at the time of service if we do not have a contract agreement with your insurance company and we are considered out of network providers. We do offer a time-of-service discount for same day\*\*self-pay patients.

\*\*Self-Pay patients are those who do not present a medical insurance card at time of visit.

Payment plans - We recognize that there are times when you cannot pay your balance in full within the 30-day period. We offer payment arrangements for special circumstances. Please contact our Billing Office at (513)871-1183 to set up a payment plan contract.

There is an additional charge billed to your insurance company for emergency/afterhours visits. If this is not covered by your insurance company, you will be responsible for the charge.

In case of divorce or separation, the parents are responsible to follow the ruling of the divorce decree. We will send the statement to the parent that signed the Financial Policy.

I understand that if my child's account becomes past due, The Pediatricians of Hyde Park will take necessary steps to collect the debt, including referring my account to an outside collection agency. If you are sent to collections, a charge of 45% of the balance will be added to your account to cover the costs of the collection agency.

**Routine Care:**

We follow the American Academy of Pediatrics schedule of visits for routine well child care. This schedule may not be the same as the one your insurance company follows. Additional services (listed below) are separate charges from the wellness exam and have separate fees. This is not an exclusive list of charges and other charges may apply.

Vision Screens; Hearing Screens; Fluoride Varnish; Lipid Profile; Nutrition Counseling; Urinalysis; Developmental and Behavioral Screenings (MCHAT) (PHQ)

Please be aware that a physician may bill an office visit (99212-99215) in addition to a previously scheduled preventative visit. Per CPT coding rules the well child visit code applies only to preventive medical care but does not include any issues related to chronic diseases or acute illness. Insurance companies process these claims according to their policy guidelines and the patient may have a balance due for the unrelated office visit. If your child comes in for a well-child visit, but during the routine visit "an abnormality /is encountered or a pre-existing condition is addressed" the appropriate office E/M service will be coded in addition to the preventative code. Examples of this would be patients with asthma and ADD/ADHD coming in for a well-child exam.

**Telehealth/Portal/email visits:**

I understand that my insurance will be billed for this visit and that I will be billed for what my insurance does not cover. I understand that if I have any questions about my billing, I need to talk with the provider's billing office. Therefore, by signing this consent, I am giving permission to release information to my insurance company or third-party payer.

**Form Fees:**

The Pediatricians of Hyde Park requires at least 5 business days for form completion, but our practice tries to do the forms as quickly as they can. If a form has to be completed urgently there will be a \$50.00 fee (examples: sports physical form and school forms.) Also, there could be a fee for child medical statements.

**Transfer of Records:**

To obtain your or your child's medical records, we will need a signed medical records release form. There is a charge of \$30 for the copying fee for each child when requesting medical records to be transferred/extracopies.

I have read this Financial Policy and understand I am ultimately responsible for the charges incurred. This is an agreement between The Pediatricians of Hyde Park and me, the patient or patient representative. By carrying out this agreement, I agree to pay for all services rendered.