



## 2025 ALL Pediatrics Financial and Operations Statement

### **Financial Policies**

ALL Pediatrics is committed to providing exceptional health care for your child. As part of your relationship with ALL Pediatrics, a clear understanding of our financial policy is important so you will know what actions ALL Pediatrics will be taking on your behalf as well as what your financial responsibilities are.

### **Release of Medical Information**

I hereby authorize the Practice to disclose all or any part or the contents of the medical record of the patients named on this Registration Form to such insurance companies, organizations, or agencies that may be concerned with the payment of medical services rendered to the registered patient(s) consistent with Federal HIPAA regulations. This authorization is given with full knowledge and understanding that such disclosure may contain information which may result in a valid denial of insurance benefits, or which otherwise may not serve the interests of the registered patient(s) or myself.

### **Privacy Policy**

I acknowledge that I have received a copy of the Notice of Privacy Practice for ALL Pediatrics.

### **After Hours Phone Calls**

We provide after-hours phone coverage through Triage4Pediatrics. When you call Triage4Pediatrics, we receive the information and it is entered into your child's medical record. We charge a \$30.00 fee to utilize the after-hours service. Many insurance companies offer a similar service at no charge.

### **Assignment of Insurance Benefits**

I hereby request and authorize that any and all insurance benefits due and payable for medical services rendered to the patients(s) be paid directly to the Practice.

### **Audio and Video Recording**

The law protects patient privacy and we respect staff privacy. **There is no video or audio recording allowed of any staff or providers.**

### **Evening, Weekend and Holiday Appointments**

Evening services are performed after 5pm and Saturdays and Sundays. These appointments are offered as a convenience for parents. Some of these services have additional charges associated with them. Parents may be required to pay additional amounts for these services depending on the insurer. The fee is billed to insurance and the parent is responsible for balance following claims adjudication.

Holidays subject to this policy include New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth Day, Independence Day, Labor Day, Columbus Day, and Veteran's Day.

### **Fees**

- Request for Medical Records—please see Medical Records Release Form
- Checks returned to ALL Pediatrics for "non-sufficient funds" \$50.00
- School/Sports/Medication Forms that are not requested on the day of the visit \$25.00
- FMLA Forms and all other forms that are longer than 5 pages \$50.00
- Custom Letters \$25.00
- After Hours Phone Calls \$30.00

### **HIV / HBV HEPATITIS B OR C TESTING**

I acknowledge that I am hereby informed in accordance with Section 21.1 – 45.1 of the Code of Virginia, 1950, as amended, that if the provision of healthcare services to the registered patients(s) exposes any health care provider to the patient's body fluids in a manner which may transmit immunodeficiency virus or HIV or Hepatitis B or C viruses, then the patient shall be deemed to have consented to testing for infection with HIV or Hepatitis B or C viruses, and to the release of such test results to the person(s) exposed, as provided by law.

### **Insurance**

ALL Pediatrics will bill your insurance for all services rendered, with the information and insurance you have provided to us.

It is your responsibility to update demographic information, including your address, email, phone number, and current insurance information. You must present an active insurance card at **every visit**. Parents (or patients over the age of 18) must present a photo ID for verification of identity.

It is your responsibility to fully understand your insurance plan and any health savings account you may have. According to your insurer, you are responsible for any and all copayments, deductibles, and coinsurance at the time of your visit. ALL Pediatrics is not responsible if your insurance does not pay.



Occasionally, your child may have a significant illness or problem that needs to be addressed at a well visit. This may require an additional visit on another day, or an added sick visit at the same time, either of which may require a copay as mandated by your insurance company.

If your insurer requires you choose a Primary Care Provider, you must name ALL Pediatrics as your Primary Care Provider prior to your first appointment. If an ALL Pediatrics provider is not named on your insurance card, your appointment will need to be rescheduled. All providers in our office are covered under the same Tax ID (patients can see any provider in our practice).

If you are self-pay (you do not have health insurance), payment in full is due at the time of service. The parent or caregiver that brings the child in for the visit is financially responsible for the visit.

### **Late Policy**

Patients are asked to arrive 10 minutes before their scheduled appointment time in order to complete the check-in process. **Patients arriving 15 minutes late or more, will be required to reschedule their appointment to the next available opening consistent with the type of appointment requested.** Only acutely ill children will be worked into the provider's schedule later the same day.

### **Missed Appointment**

If you are unable to keep your child's well check, evaluation or follow up appointment, please call our office 24 hours before your appointment. If you cancel your appointment less than 24 business hours in advance, this is considered a no show. **We apply no show charges to all missed appointments.** Privately insured families that have three missed appointments within a two-year period will be dismissed from the practice.

Same day sick missed appointments will be assessed a \$50.00 charge if not canceled before the appointment time.

It is the parent's responsibility to write down the date and time that an appointment is scheduled. ALL Pediatrics sends two emails and a text as a reminder. We will not waive missed appointment fees.

### **Missed Appointment Fees (No Show)**

- **\$50.00 for sick visits,**
- **\$100.00 for well visits**
- **\$100.00 for consultations (this includes all Mental Health visits)**

The No Show fee will be waived for Medicaid patients, however, Medicaid families having a total of 3 no shows within a two-year period will be dismissed from the practice.

### **Parent Issues**

ALL Pediatrics will not get involved in custodial, separation or financial disputes involving or related to parents of a patient. The parent who is the subscriber for the policy covering the patient is the responsible party for payment of services rendered. The parent who brings the child to the appointment is responsible for copayments or deductibles. If the custody agreement requires one parent to pay all or part of the charges, it is the responsibility of the parent who brought the child to the office to collect from the other parent.

### **Past Due Accounts**

Our office will make every effort to communicate with you about your account. All balances are family balances. We will not see patients for routine exams (well visits, evaluations or follow up appointments) if your family has a balance over 30 days.

In the event a bill goes unpaid, and you fail to contact our billing department to set up a payment plan, the account will be turned over to a collection agency.

If you break a payment plan (credit card is declined), your account will be forwarded to collections within 30 days.

### **Patient Portal**

ALL Pediatrics uses an electronic medical record system that includes a patient portal. We require that all families use the patient portal. All billing statements are sent through the patient portal, we do not send statements via USPS.

All medication refill requests must be made via the portal. You will also have electronic access to many aspects of your child's care, including the ability to schedule well visits, send non-urgent secure messages to your child's PCP, print immunization records, request and download camp/school forms and update demographic information.

### **Telemedicine Visits**

Telemedicine visits are treated like in person visits. All demographic information must be updated and the copay is due at the time of the visit. No show fees apply to all Telemedicine visits.



**Travel Visits**

Please be advised that insurance coverage for travel-related visits is variable; often insurers consider the cost for these visits to be patient responsibility. Immunizations or medications recommended by the CDC may or may not be covered by your insurance. Please check your insurance benefits for further information. Outstanding charges will be billed to the credit card on file.

**ALL Peds Contactless Payment Service**

It is the policy of ALL Pediatrics to maintain a credit card on file at all times that has funds available to process payments. If your credit card is declined, you must present an updated card within 7 days or your child may be dismissed from the practice.

ALL Pediatrics does not send paper statements. You will receive all statements via our patient portal. You may print and download statements from the patient portal

I authorize ALL Pediatrics and/or its designated agent to apply co-payments, outstanding balances, and fees to my payment card on file for all amounts owed. I authorize ALL Pediatrics and/or its designated agent to send electronic notifications for billing statements to my email address. Electronic Statements must be accessed via the ALL Peds patient portal.

If your family has a small balance (under \$4.99) a statement is not generated and ALL Pediatrics will run the card on file without notification of the small balance.

The payment card information is stored electronically in an encrypted form and cannot be viewed by ALL Pediatrics and/or its payment processor. Your signature on the ALL Pediatrics financial policy will authorize the payment card to be used **14 days after the explanation of benefits has been issued.**

Copayments, deductibles, forms, after hours calls, and missed appointment fees are due immediately. **We will charge the payment card on file within 72 hours.** Your signature on the ALL Pediatrics financial policy will authorize the payment card to be used for these charges.

This policy does not restrict your right to appeal any charge made to your payment card. Should you feel that we have charged your payment card in error, please contact our billing office.

**I agree to provide an updated credit card if the card on file expires or it is no longer valid.**

**Single Consent to Share Medical Information with  
Children's IQ Network Providers Treating Me or My Child**

INTRODUCTION

As part of our commitment to improve the quality and the coordination of medical care for the children and patients we serve, ALL Pediatrics has elected to participate in the Children's National Health System's IQ Network. This innovative program is the first in the country to attempt to provide real-time coordination of care via an electronic medical record that allows an interface between your or your child's health care provider and one of the country's leading children's hospitals.

This SINGLE CONSENT will allow us to share information, for example, with an ER doctor treating you or your child, or with a specialist to whom you have agreed we are to refer you or your child, so that they are able to quickly access critical information about you or your child from your medical record before beginning treatment. This should dramatically reduce the chance of medical errors, including adverse drug interactions or allergic reactions.

Your and your child's healthcare information is encrypted (encoded) **and can be accessed only by health care providers who are caring for you or your child and have a need to know.**

As ALL PEDIATRICS is a part of the Children's IQ Network, this written SINGLE CONSENT will allow the sharing of information with any provider within the IQ Network whom you have elected to be involved in your or your child's treatment. You do have the option to opt out of the Children's IQ Network. If you choose to opt out, you will need to sign a separate consent form each and every time you or your child need to be seen by another member of the Children's IQ Network other than those at ALL PEDIATRICS.

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**PATIENT RIGHTS:** I have received a copy of the **Children's IQ Network (CIQN)** Information Sheet. I understand that patient information will still be stored electronically for my provider's records, and that an electronic health summary will be available to other providers through the CIQN. I also understand that I have the right to not share (opt-out) health information with other providers within the CIQN.

**PROTECTED DISCLOSURE OF INFORMATION:** I understand that Children's National complies with all federal and local regulations including the Health Insurance Portability and Accountability Act; and that this Consent includes my agreement that Children's National can use private health information for my treatment or my child's treatment as defined in the Notice of Privacy Practices. I agree to Children's National use of de-identified health information about me or my child for appropriately reviewed and approved research and quality improvement activities.

**By signing below, you are agreeing to all policies outlined on the first three pages as well as choosing to opt in to be part of the CIQN network outlined above.**

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Signature of Parent/Legal Guardian/Patient (over the age of 18)