

## ProactivePediatrics Financial Policy

ProactivePediatrics is a specialized consultation based practice. You must therefore maintain a separate primary care provider for your child's general health care needs. I am committed to getting to the root cause of your child's condition. In order to achieve this goal, please be aware of the practice policies. Your clear understanding of our financial policy is important to our professional relationship.

### **Insurance:**

Cindy Wechsler, APRN is considered an out of network provider. I do not participate with any insurance carriers, however, I will provide you with a detailed invoice including all necessary codes for **YOU** to submit to your insurance company for reimbursement. Your insurance company may or may not cover the fees.

### **Payment Options:**

Payment in full is expected at time service is rendered. We accept Paypal or Venmo. The policy prohibits the patient from carrying a balance. A non-refundable deposit is required when an appointment is scheduled. The deposit will be deducted from your total bill.

### **Appointment Types:**

**New patient ultra comprehensive consultation and exam (1 ½ to 2 hours)** includes review of medical records (medical records need to be completed and submitted at least 5 days prior to visit for review), thorough past medical history, thorough history of chief complaint, previous treatments, previous therapies, physical exam and observation via telemedicine, ordering of labs if appropriate, recommended treatment protocol and review, prescriptions for supplements and/or medication and detailed invoice with necessary codes for patient to submit to insurance company. Lab fees are the patient's responsibility.

**Established patient ultra comprehensive consultation (60 min.)** thorough history of chief complaint, previous treatments, previous therapies, physical exam and observation via telemedicine, ordering of labs if appropriate, recommended treatment protocol and review, prescriptions for supplements and/or medication and detailed invoice with necessary codes for patient to submit to insurance company.

**Initial Follow up visit (45min)** includes report of findings, follow up of any lab work and changes to treatment plan and a detailed invoice with necessary codes for patient to submit to insurance company.

**Subsequent Follow up visits (30 min)**

**Brief check in visits (15 min)**

**Second Opinion consultation (approximately 90 minutes)** includes thorough review of child's medical history, family history, a physical exam and observation. Treatment recommendations appropriate insurance codes for patient to submit to insurance company will be presented to you. This is a one-time consultation and there will not be any follow up consultations by phone, office visit or email.

**Additional Fee:** If your claim is denied, we can provide a more detailed description of your visit for an additional fee.

### **Missed Appointments**

Missed appointments represent a cost to me, to you and to other patients who could have been seen in the time set aside for your visit. Please be respectful. If you miss an appointment and reschedule, full payment will be expected at time of rescheduling. If the appointment is missed, you will be reimbursed at 50% of the fee.

### **Cancellations:**

We require a minimum of require a 48 hours notice when canceling. Less than 48 hours will incur a cancellation fee of half the consultation or visit fee. The only exception would be for an extreme medical emergency or a natural disaster. Thank you for your understanding.

*I have read and fully understand the financial policy set forth by Proactive Pediatrics. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to the patient/guarantor.*

Parent/Guardian Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Date: \_\_\_\_\_