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## Office Payment Policy

Health insurances are contracts between patients and their insurance company. Claims are submitted by this office to the insurance company.

There are many different insurance companies and within one company there are many different plans with different levels of coverage. This includes prescription drug coverage and number and types (well or sick or follow-up) of visits allowed in one year. Some insurance plans have co-insurance or deductibles, and may or may not have copayments for well or sick visits.

When we submit a claim it is based on what type of visit it was and what services were provided at the visit. Well check-ups are different from sick visits, which are different from follow-up visits. Each visit is given a different code for billing purposes. There are federal government standardsfor the procedure of coding for office visits to which we must adhere.

All office visit fees are due at the time of service. If applicable, insurance companies will be billed. However, copayments, deductibles, and coinsurances are due at the time of the visit.

In the event your insurance company denies your claim, or only pays their portion of the claim, you are responsible for the patient balance.

We expect full payment within 30 days of the receipt of a bill for services. In cases of financial hardships payment plans can be requested.

In the event that this account is turned over to an agency for collection of delinquent charges, the responsible party is expected to pay all costs associated with collection of the outstanding balances.

If you have any questions about your insurance you need to contact your insurance company to determine what services are covered and which are not. The telephone number is usually on the insurance card.

We cannot know what each individual's health insurance policy covers and are not responsible for this information. Each individual subscriber needs to be aware of their own insurance coverage.

Thank you for your attention.

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Dr. Jeffrey S. Feldman