

Integrated Behavioral Health Billing and Payment Policy



Chestnut Hill Pediatrics
Boston Children's
Primary Care Alliance

chestnuthillpeds.com
617-277-2541 | fax 617-232-9376

We are committed to providing you with quality and affordable health care. Services provided by Chestnut Hill Pediatrics Behavioral Health Providers are billed to the Behavioral/Mental Health part of your insurance plan. You are responsible for all deductibles, copayments and balances that are not covered by your plan.

Insurance

We need timely and accurate information from you, including a copy of your insurance card. If your health plan denies payment or you do not have behavioral health coverage with your medical insurance, you will be responsible for all charges. We accept assignment and participate in most insurance plans.

Our office will contact your insurance plan to obtain the necessary authorizations and copayment information in order to be seen by our Behavioral Health providers. Some insurance plans have limitations on coverage of mental health services. Should you request or agree to services not covered by your health plan, full payment will be collected from you at the time of service.

Patient payment

All copayments and balances are to be paid at the time of service. This arrangement is part of your contract with your insurance company. There will be a \$25 charge for any returned checks. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim.

Due to the limited availability of behavioral health appointments, patients who do not keep their appointments and have not provided 24 hours notice are subject to a \$50 fee.

Please note that if you miss two consecutive appointments without adequate notice to our office, we will be unable to reschedule you with our behavioral health provider.

Claims

We will submit your claims and assist you in any reasonable way to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.

Credit and collection

If your account is well past due, you may receive a letter stating that you have several weeks to pay your account in full.

- Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency.
- If an account is sent to collection, our policy is to discharge the patient and immediate family members from the practice. You would be notified by regular and certified mail that you will have 30 days to find alternative medical care. During that 30-day period our physicians will be able to treat you only on an emergency basis.

Please let us know if you have questions. A copy of this agreement will be provided upon request.

I have read and understand this financial policy and agree to abide by its guidelines.

Signature of patient or responsible party:

Date: _____