

PATIENT INFORMATION

◆ APPOINTMENTS:

Office appointments are made in advance. We limit one family to two appointments at one time for ill visits. We ask that separate appointments be made for well visits except in unusual circumstances. With separate appointments, the physician can better provide comprehensive attention for each child.

There will be a \$25.00 charge per well appointment not cancelled within three (3) business days. Changes in address, telephone, insurance information as well as any copayment must be presented at each office visit at check-in.

◆ PRESCRIPTION REFILLS:

Call your pharmacist for all prescription refills. (S)he will fill the prescription or call this office for authorization, if necessary. We will not authorize refills after office hours. We cannot phone prescriptions to the pharmacy without reviewing the record because of the risk of error.

◆ RESULTS OF LABORATORY TESTS:

Reports of blood tests, x-rays, consultations, etc. will be telephoned when results are available, as soon as feasible unless a return appointment has already been scheduled within a short time. It is important that we have your current telephone number and address.

◆ FORMS:

Forms must be mailed with a **stamped self-addressed envelope**. Because of federal law to ensure the privacy and security of health information (the Health Insurance Portability and Accountability Act of 1996) we will not FAX any records or medical forms because we cannot guarantee confidentiality. For children 2 years and older, there will be a **\$10.00 per physical form charge** for any requests for additional form completion not done during the child's annual check up (for physician time for record review and completion). A universal physical form is given at each annual check up. You may make copies to distribute as needed to childcare facilities, schools, camps, etc. Requests for immunizations only or school medication permissions are not assessed the fee but may be obtained in person or mailed if a stamped self-addressed envelope is included.

◆ REQUESTS TO SPEAK TO THE DOCTOR:

Our experienced medical assistant or nurses will handle most routine phone calls after consultation with the doctor. Pediatric protocols approved by the physician are used. If it is necessary to speak with the doctor, the doctor will return the call as soon as possible.

◆ OFFICE CHARGES:

Discuss any questions about fees with the Office Manager at the time of service. Payment is mandatory at the time of service. Copays must be paid before your office visit. The guardian with the patient is responsible for payment of the copay. Cash, checks, and credit cards (MC/Visa) are accepted. No bills larger than \$20 are accepted. Credit is only extended to those with insurance for which we are providers.

◆ INSURANCE BILLING:

The patient's family is responsible for the bill. Please call the patient representative for you insurance company if you have questions about copays, deductibles, and rejections. Your insurance contract is between you and the insurance company, not the physician.

◆ POISON CENTER:

Vermont 1-802-658-3456
New York 1-212-340-4494

Have a paper and pencil ready!

GREEN MOUNTAIN PEDIATRICS, P.C.

COLLECTION POLICY

GMP's collection policy is for patients to pay all copays or charges to the Receptionist at the time of service, unless other arrangements have been made in advance. The guardian with the patient is responsible for payment of the copay at the time of service. We will accept cash, checks, or credit card (MasterCard or Visa). No bills larger than \$20 are accepted.

◆ INSURANCE

We submit to the following insurance: Aetna, Cigna, Capital District Physicians Health Plan (CDPHP), Comprehensive Benefits Administrators (CBA), Great West Healthcare, Mohawk Valley Plan (MVP), Tricare (CHAMPUS), Tufts, United Health Care, Vermont Blue Cross (includes submission to other state BC plans), Vermont Medicaid (Green Mountain Care, Dr. Dynasaur, PC Plus, and AIM).

We need a current copy of the insurance card on file, with a policy number and address to send claims. If there are changes with your insurance, please notify us at the time of the appointment.

Those patients with other insurance plans will be given a statement suitable for their submission to the insurance company. The patients with other insurance plans need to pay for treatment at each visit.

We provide insurance filing as a benefit to patients, but ultimately the charges incurred are the family's responsibility. If there is no response from the insurance company, the patient will receive a bill for the total amount owed. Payment should be sent to Green Mountain Pediatrics, P.C. It will be the family's responsibility to follow up with the insurance company to get the claim paid. If payment from the insurance company is received following patient payment, a refund will be sent to the patient. If the insurance company sends only partial payment, the family is responsible and will be billed for the balance. Payment should be sent promptly after receiving the bill to avoid interest charges (12% per year compounded monthly). Billing is done on a 30-day cycle. Please take into account transit time by mail to avoid penalties.

Those patients with other insurance plans will be given a statement suitable for their submission to the insurance company. The patients with other insurance plans need to pay for treatment at each visit.

◆ COPAYS

All patients who have a copay must pay this before the visit. You may be asked to reschedule if you do not pay your visit fee. The guardian with the patient is responsible for payment of the copay at the time of service (regardless of divorce decrees, etc.) There is a copay due if you see Dr. Orton after hours at the hospital or office. You may pay this to the doctor at the time of the visit.

◆ MEDICAID

We accept Vermont Medicaid patients. These patients do not get billed if their Medicaid is in effect. Payment is due at the time of service if Medicaid tells us you are not currently eligible for benefits. If you have another insurance plus Medicaid, your primary insurance will be billed first. You are responsible for the bill until we either receive payment or receive the rejection (the explanation of benefits (EOB) form you receive from your insurance company). After your primary insurance processes our charges, we must send the EOB to Medicaid. Medicaid will not accept any billing without this EOB. It is YOUR responsibility to send the EOB to us. Until this time YOU ARE RESPONSIBLE for the bill. These are not our rules, but are Vermont Medicaid rules!

If you have both a primary insurance and Medicaid, you must be certain that it is *traditional Medicaid*. The managed care Medicaid insurance plans (e.g., PC Plus, Dr. Dynasaur)

will not cover the charges not paid by your primary insurance. Please notify your social worker of any changes in your primary insurance. If this information is not current in the Vermont system, we cannot process your claim and YOU ARE RESPONSIBLE for the bill.

◆ **BILLING**

We would love to help out and be able to “write off” copays, deductibles, and other small balances due on bills for your child’s health care. However, insurance companies frown upon this practice. In fact, it is considered insurance fraud and GMP could be prosecuted and fined for doing these “favors”.

We would appreciate timely payments of your balance due. For your convenience, MasterCard and VISA are accepted. To pay with credit card by mail, please include the following information:

Type of Card: MasterCard or VISA

Name on Card.

Card Number.

Expiration Date.

Signature.

◆ **COLLECTIONS**

On outstanding accounts, three bills will be sent and we will attempt to contact the family by phone. If there has been no payment received or if no attempt has been made by the family to let us know how they plan to settle the account, a final notice will be sent. The account will be analyzed to determine if it should be sent to a collection agency. A collection letter will be sent. This is the last chance to send payment or contact the office before the account is determined uncollectible. The account is then sent to a collection agency. Unfortunately, at this point, we will give you one-month notice to seek a new physician.

If there is any reason why the family cannot make payment in full, please call our office to make arrangements to settle the account. This should be done as soon as the first bill is received, or as soon as the first visit if it is known that there are financial difficulties. The doctor realizes health care can get very expensive, and can become a huge burden for patients. With that in mind, there are budget plans available to work with the doctor and family to find mutually agreeable solutions in cases of financial hardship. Please let the office know if there will be a problem paying the bill before collection actions arise.

So That I May Serve You Better:

OFFICE SCHEDULE

MONDAY	8:15 a.m. – 12:30 p.m.	1:00 p.m. – 5:00 p.m.*
TUESDAY	8:15 a.m. – 12:30 p.m.	1:00 p.m. – 5:00 p.m.*
WEDNESDAY	Closed	
THURSDAY	8:15 a.m. – 12:30 p.m.	1:00 p.m. – 5:00 p.m.*
FRIDAY	8:15 a.m. – 12:30 p.m.	1:00 p.m. – 4:00 p.m.

*Evening hours on selected days by advance appointment.

** On Wednesday, Dr. Orton is only available to see patients who have urgent or emergent needs. Wednesday is reserved for consultation work with the local schools and medical education. Dr. Orton does this in order to minimize interruptions for your scheduled appointments on the other weekdays.

Please call early in the morning during office hours in order to make a same day appointment for acute illnesses.

The preferred time for calling with **NONURGENT** problems is during the regular office hours. This includes:

**ROUTINE QUESTIONS, MEDICATION REFILLS
CHRONIC HEALTH PROBLEMS
GENERAL CHILD CARE QUESTIONS
FUTURE APPOINTMENTS**

Any call after regular office hours should be for
URGENT or EMERGENCY medical problems.
(Emergencies only between 12:30 – 1:00)

On WEEKENDS, the doctor makes hospital rounds in the morning. If your child has an urgent problem, please call between 8:30 and 10:00 a.m. This makes arrangements to have your child seen much easier. For after hour calls, if you have a caller ID block on your telephone, press *87 after speaking with the answering service to deactivate the block. If you do not the doctor may not be able to return your call.

We can serve you better if you call during office hours. We will have your child's medical record on hand to allow for optimum medical advice and care.

Sincerely,

Judy K. Orton, M.D., F.A.A.P.
Fellow of the American Academy of Pediatrics
Diplomat, American Board of Pediatrics