



## Financial and Billing Policy

Please make sure you add your newborn to your insurance plan in the time period required by your plan. It is recommended you have them added to plan before ONE MONTH of age.

- **SERVICES:** Home Phototherapy is billed midnight to midnight, per insurance guidelines. For example, if your newborn starts on home phototherapy at 5pm a charge will be entered for this day of service and then at midnight a new day charge will be entered. Home phototherapy is not billed based on clock hours.
- **INSURANCE:** We participate with most insurance plans. If you are not insured by a plan we participate in, payment is due after services are completed. It is your responsibility to know your insurance benefits, this includes deductibles, copays and coinsurance. Enlighten Infant Home Care (EIHC) has no control over your insurance plan or benefits. If you have questions about your insurance coverage please reach out to your insurance company.
- **PROOF OF INSURANCE:** We ask that you provide proof of insurance at time of service, ideally uploading to the patient portal. The infant must be added to the correct policy and active for claims to be filed. If you fail to promptly provide us with correct insurance information you will be responsible for the balance on account.
- **DEDUCTIBLES/COPAYS:** If your insurance plan has routine deductibles or copays we ask these be paid once your insurance company assigns the appropriate amount to patient responsibility. Prompt payment is appreciated. We may ask for you to keep a **CREDIT CARD ON FILE** so we can collect these charges. It is your responsibility to know your insurance benefits, this includes deductibles, copays and coinsurance.
- **PAYMENTS:** EIHC accepts cash, checks, Visa, Mastercard, Discover and American Express. Payments can be made by cash or check in person at time of service or credit card payments can be made on the patient portal or by calling our office at 205-654-5339.
- **COLLECTIONS AND LEGAL FEES:** Billing statements are sent out every 35 days and we kindly request that your balance be paid in full within 30 days of the statement date. If the balance is not paid in full or a payment plan is not established after 4 billing cycles (approximately 120 days), a **STATEMENT FEE** of \$25.00 will be applied to your account for each monthly billing cycle. If your account is referred to a collection agency, you agree to reimburse EIHC the fees of any collection agency, which will be added to the account at the time it is placed with an agency for collection. These fees may be based on a percentage at a maximum of **35%** of the debt, and all reasonable costs and expenses, including reasonable attorneys' fees, incurred in such collection efforts.

By your newborn receiving outpatient services provided by EIHC, you acknowledge and agree to the terms outlined in this Financial and Billing Policy. If you have any questions or concerns, please contact our office for clarification.

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

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