BLOOMINGTON PEDIATRICS

What's New

Spring 2025

Goodbye, Winter.

Hello, Spring!

Bloomington Pediatrics is BLOOMING with information to share with you!

This **SUPER**-sized edition of our Spring 2025 newsletter is filled with great reminders, as well as new and detailed information to help you plan ahead and make the most out of your next visit to our office.

Be sure to check out our website at www.bloomingtonpediatrics.com for even more information!

Good to Know!

Current Office Hours:

Monday – Friday	**8:00am – 5:00pm**
Phones close at 4:30pm	
Saturday	**8:00am – 12:00pm**
Same day ill visits only	
Sunday	**Closed**

We do not accept walk ins at any time. All visits are by appointment only. Please call the office to schedule your child's well or ill visit appointment.

Our Phone Number:	**(309) 662-0504**
Our Fax Number:	**(309) 663-7645**
Our Address:	**306 Saint Joseph Drive Bloomington, IL 61701**

Vaccination Policy

In recent years parents have been reluctant to vaccinate due to personal beliefs that may include vaccine safety or that these illnesses are not present.

As you may have noticed in the news, we are now seeing increased cases of whooping cough (Pertussis) and measles due to this lack of vaccination.

Bloomington Pediatrics has always had a strong belief that immunizations are safe and vital to keeping our patients and community at large well. While we respect the right of parents to make the decisions they feel best for their child, families who choose not to vaccinate should seek a practice more compatible with their beliefs.

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The Early Bird Gets The Worm!

Spring is here! Which means Summer is just around the corner! Physicals are required for children entering Kindergarten, 6th and 9th grade. A physical is also required for children playing sports. Your child may also need a physical form for certain summer camps or Boy/Girl Scout activities.

Avoid the summer rush and schedule your child's appointment today! Call us at 309-662-0504, option 3 to secure a day and time that works best for you.

We have most forms for school and athletic departments, but please check with your parks and rec program, or pack/troop leaders and bring necessary forms with you to your appointment so your provider may sign it for you in the office.

Consent to Treat

Parents who will not be attending visits with their child must complete the consent to treat section of the registration paperwork to give permission for specific individuals to bring their child in for their appointment and consent to treatment, including vaccines, on behalf of the parent.

Minors aged 16-17 years old are permitted to attend appointments on their own, provided the parent/legal guardian has completed the Consent to Treat a Minor form in advance.

Both of these forms are available to complete electronically on our website. Please plan ahead and complete these forms before your child's visit.

About Appointments

We know how busy our patient families can be and are happy to offer appointment reminders! Families may elect their preferred method of contact from our office: Phone, Text, or Email/Portal.

A reminder will be sent 60 days prior, as well as the day before an appointment in our office. We ask that you let us know as soon as possible if you are unable to keep your scheduled appointment. Early notification allows us to offer that appointment to another patient. If you find that you are running behind schedule and will be late for your appointment, we ask that you call to let us know.

Our staff will advise if we can accommodate the late arrival or if we need to reschedule based on your provider's availability at that time.

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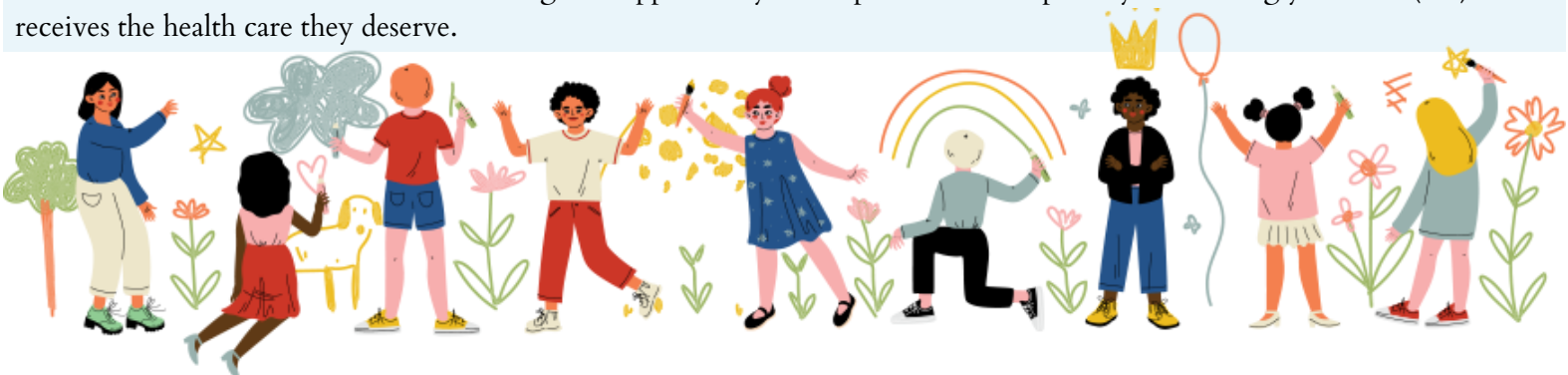
Policy on Separated & Divorced Parents

Bloomington Pediatrics understands the complicated nature of families with parents in the process of separation, divorce, and custody arrangements. It is our policy to "side" with the child and act in their best interest always. While we empathize with the challenges your family situation may present, we must remain neutral and focus solely on the medical needs of your child(ren). Our providers and staff will not engage in or act as a mediator in parental disputes. Please note the following:

- **Documentation:** We ask that you provide us with the most up to date copy of official court documents so we may comply with court orders. Unless court orders are on file and specify otherwise, we will presume that both parents have joint custody and equal rights to patient information and medical decision making. No updates or changes to the patient record will be made without court documentation on file to support the request.
- **Communication:** Appointment reminders are sent to the primary phone number on file and may not be changed from appointment to appointment. Patient Portal access is available to both parents unless otherwise specified by court documents. The parent/authorized adult accompanying the child for the visit is responsible for relaying information from that visit to the other parent. We will not make calls to the other parent after the visit, nor will we call to obtain consent for treatment from the other parent.
- **Appointments:** Unless court orders specify otherwise, either parent may schedule an appointment to address concerns about their child(ren). We will not accept requests for "duplicate appointments" because the other parent was not present for the original visit. If the non-attending parent feels additional discussion is necessary to address concerns, they may schedule an appointment to speak with the provider, which will be billed to insurance. Appointments requested for the purpose of documenting the non-attending parent's perspective will not be permitted. If this occurs, we reserve the right to deny future requests.
- **Billing:** Our contract with your insurance carrier requires that we collect copays at the time of service. Payment of copays is expected from the parent/authorized adult accompanying the child(ren) for the visit – we will not send a bill to the other parent. A receipt of payment will be provided upon request. The parent who carries the insurance will, by default, be sent statements for balances due after insurance processes the claim. If the parent who carries the insurance is not the party responsible for balances per court order, please provide that documentation at the time of visit so we can ensure the statement is sent to the correct parent address. We will not schedule appointments on accounts with two past due copays.
- **Authorized Adults:** Unless court orders specify otherwise, either parent may authorize a non-parent (stepparent, grandparent, other adult family member) to make appointments, accompany the child to appointments, and have access to patient information (speak to our staff on the phone or pickup forms). Authorization must be provided on registration paperwork. Parents are responsible for coordinating who should be authorized and may not revoke the other parent's authorizations without a court order stating permission to do so.
- **Disputes:** Our providers and staff will not participate in or mediate disputes between parents, in person, over the phone or through the patient portal. If parental disputes interfere with patient care or cause disruption in the office, we reserve the right to set boundaries for parent communication and/or dismiss the family from the practice.

We recognize these situations are difficult for all involved and encourage parents to cooperate with each other and prioritize their child's health and emotional well-being. We appreciate your help in our shared priority of ensuring your child(ren) receives the health care they deserve.



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BILLING CORNER

Insurance Insights

We know how challenging it can be to navigate the complexity of the insurance process, including making sense of your explanation of benefits (EOB), your statement from us of what you owe, what insurance does or doesn't cover, and more. Our dedicated billing department answers questions relating to the entire scope of the insurance process on a daily basis. Here are some of the FAQ's we receive and a bit more detail that we think will be helpful!

1. Why can't you tell me what services will be covered at my child's visit?

Whether you selected your insurance policy from what your employer offers, or you selected your plan from "the marketplace," your insurance coverage is entirely based on the policy you chose. These details should be listed in your individual plan summary of benefits made available to you through your employer, through your insurance carrier's website, or by contacting the member services number for your carrier.

This information is not readily available to our staff or providers and can vary widely from carrier to carrier and even from plan to plan under the same carrier. Due to this, we are not able to tell you if a service provided in our office will be covered by your plan – this responsibility falls to the member. Keep in mind, even if you stay with the same carrier and plan that you had in previous years, the rates, copays, deductibles/coinsurance, and coverages may change.

It is important that you check with your insurance plan in advance of your child's appointment if you have any concerns about coverage for that visit. Our billing staff are happy to provide the typical CPT codes for most visits so you may give that information to the insurance customer service representative. We have a resource already available to you on our website and in each exam room called What's Included in a Well Visit which lists the common charges included in a typical well visit that most carriers consider covered preventive services.

2. My insurance was supposed to cover the visit – why do I have a balance?

There are many possible reasons that this occurred. Though we are not required to, as a courtesy to our patients, we submit a claim of services provided directly to your insurance carrier. You should receive an Explanation of Benefits (EOB) from your insurance carrier after they process the claim. The EOB will tell you what charges we submitted, what discount we agreed to take off of our charges as part of our contract fee agreement, and what your final balance may be. Our office receives similar information along with details that let us know how the claim was processed and paid or denied. Following are the typical reasons we see denials or partial payment, but this is not a comprehensive list of all possible reasons.

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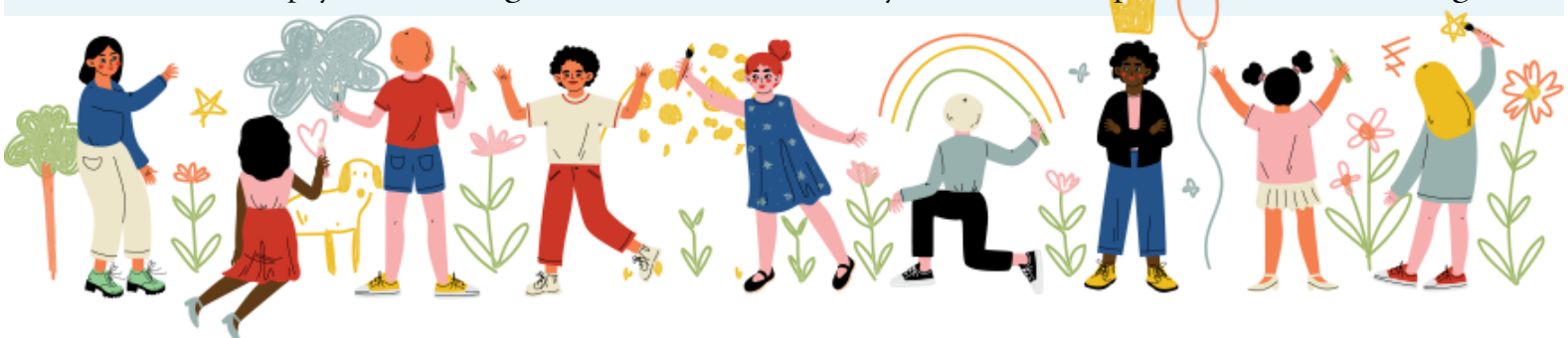
Insurance Insights, continued

- **Non-Covered Service:** Insurance carriers will deny a claim for a particular service if it is not listed as a covered benefit under the policy. They may deny the entire charge, or they may assign a larger portion of the charge to member responsibility.
  - Most well child charges are considered preventive care and covered by insurance in full without any portion assigned to copay, deductible or coinsurance. However, some carriers may not agree with a service our physicians consider a part of well child care – for example, some carriers do not count certain screenings as covered preventive services.
  - Additionally, some plans may deny a preventive service if they believe it has occurred too soon. While some plans state a child may have a covered well visit annually/once per calendar year, others require a full 365 days between well visits. It is important to know your carrier's definition of "annual."
- **Out of Network:** As mentioned, we have contracts with certain insurance carriers to be an in-network provider. However, we cannot contract with all carriers. When choosing an insurance plan, many people will compare their plan options and select the one with the lowest monthly premium. While that is great for your bank account, it can mean higher copays, deductibles and co-insurance. It can also mean reduced options for in-network providers and covered services. It is important to check with your carrier to ensure our providers are in network for your specific plan.
- **Inactive Coverage on the Date of Service:** Some claims are denied because the patient for whom the claim was submitted was not listed as an active member on the plan for the date the service was provided. If you just added your child to a new plan or your coverage will be terminating soon, make sure that your coverage is active for the date of your child's visit. Sidenote about newborns – we realize it is a busy time with a newborn, so we will hold newborn claims for 30 days to allow you time to get baby added to your plan before we submit to insurance.
- **Coordination of Benefits:** If the member is covered by multiple insurance plans (ex. Child is covered under both Mom and Dad's insurance plans) and you have not communicated this to all the plans, the insurance carrier may deny the claim because they believe the other insurance plan should be the primary payer. Most plans will send you a request for Coordination of Benefits at the beginning of the plan year. Failing to respond to this request will require you to make phone calls to the plans later to make sure they are all on the same page about who is primary. We are not able to make this call for you.
- **Deductibles and Coinsurance:** As part of your contract with your insurance carrier, you agreed to pay a deductible for certain services before insurance will begin to pay. You also agreed to pay a coinsurance (a percentage of the charges) after your deductible is met. For example, if you have a $500 deductible and your coinsurance is 90/10, then you will be responsible for the first $500 of charges. Once that is met, your insurance would pay 90% of charges for covered services and you would be responsible for the remaining 10%.



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Insurance Insights, continued

3. My insurance said if the doctor used this code instead of that code, they would have covered the service. Why can't you just change the code so my insurance will pay for it?

Our office strictly follows the coding guidelines established by the American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS). Our providers and billing staff are trained in selecting appropriate visit and diagnosis codes for each patient's well and sick visits. We pride ourselves on ethical business practices and therefore code each visit for accuracy, not to ensure payment from the insurance carrier. It is a violation of our insurance contracts and federal and state laws to knowingly report the wrong code.

4. Why can't you just bill me for my copay?

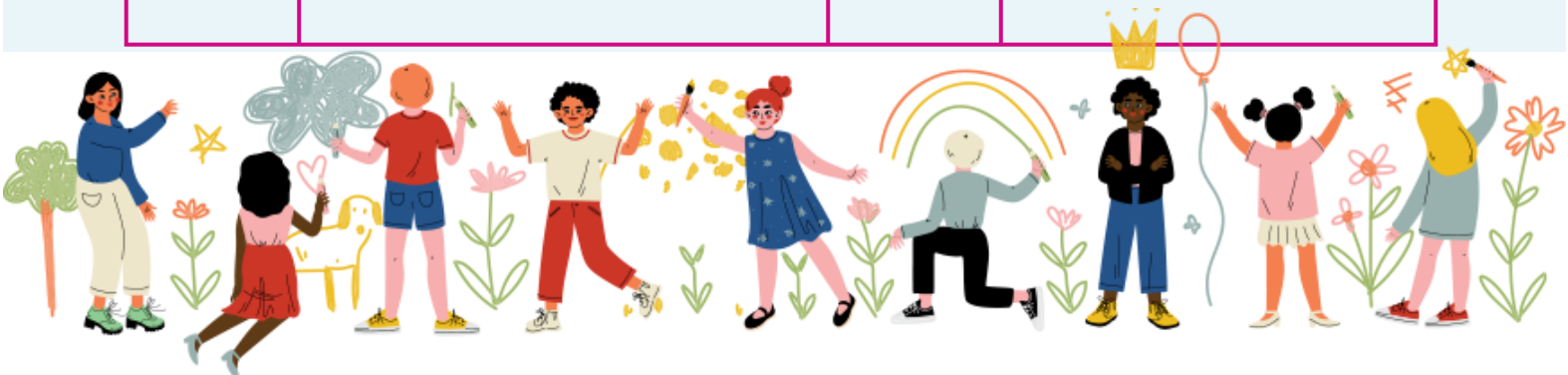
As part of your contract with your insurance carrier when you signed up for your plan, you agreed to pay a copay, at the time of service. Likewise, when we signed up to be a network provider for that insurance carrier, we agreed to collect copays at the time of service. To ensure that we are all following the terms of our contracts, our policy is such that we cannot allow further appointments to be made if the account has two outstanding copays.

5. Why are there so many charges for this visit?

When you go to the grocery store, you receive an itemized receipt of each of the items you purchased and the charge for each. Similarly, insurance carriers want providers to provide an "itemized receipt" of all the work performed at that visit AND they want to know why that work was performed. This is accomplished by using Current Procedural Terminology (CPT) codes and diagnosis codes. The CPT codes are also tied to how much the insurance carrier will pay for a service or if it is a non-covered service.

Let's say you brought your child in for a well visit: you completed a questionnaire on your child's developmental progress, our provider did a physical exam, our lab staff stuck your child's finger to run tests for hemoglobin and lead screening, and our nurse gave your child their flu shot - we are required to report each action performed at that visit in the claim submitted to your insurance carrier. This may look like:

CPT Code	Service Provided	CPT Code	Service Provided
99392	Well Child - Established Patient	96110	Developmental Screening
36416	Finger/Heel Stick	85018	Hemoglobin Level
90460	Vaccine Administration	90661	Influenza Vaccine



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Insurance Insights, continued

Let's also say that during this visit, you brought up some health concerns that you have about your child and our provider then spent additional time examining, counseling, or testing for that issue. The provider now must also report on this work performed.

CPT Code	Service Provided
99213	Evaluation & Management - Established Patient

When your insurance carrier receives the claim for this visit, they may say your policy covers the individual elements of the well child visit, but for the "oh, by the way" additional concern, which falls outside of standard well care, they may assign a copay and put the balance toward your deductible or coinsurance.

In most cases, our providers are happy to address concerns you have while you are here for your child's well visit, but there may be times when they will suggest you make an additional appointment, so they have the appropriate amount of time on their schedule to fully address the concerns.

Congratulations! You just received a crash course in the basics of insurance coverage! It can be a very complicated and confusing process, but knowing your specific insurance policy requirements and coverages is a great place to start. If you have any other insurance questions, our billing department is on hand and ready to help where they are able. You are welcome to speak with them in office or by phone at **309-662-0504, option 6**, Monday-Friday from 8:00am-4:30pm.

"Spring's greatest joy beyond a doubt is when it brings the children out."
~ Edgar Guest

We hope your family is able to get outside and enjoy all the beauty spring has to offer!

~Stay Well,
The Providers & Staff of Bloomington Pediatrics