Pediatric Health Care Associates
Boston Children's
Primary Care Alliance

Revised: June 2026

Financial Policy

Who is Responsible for the Bill?

Who is Responsible for the bill? The guarantor (parent or legal guardian on file) is responsible for the timely payment of all charges incurred for services provided. As a courtesy, Pediatric Health Care will verify and submit claims to the insurance carrier(s) currently on file. However, it remains the guarantor's responsibility to ensure that accurate, current, and active insurance information is provided and maintained. Any patient balance that remains unpaid and has not been addressed through payment or an approved payment arrangement may be referred to by a collection agency if outstanding for more than ninety (90) days.

Routine Well Visits, Copayments, Coinsurance, and Deductibles

Under current healthcare regulations, most routine preventive well visits are covered without a copayment. However, some insurance plans may be exempt from these requirements ("grandfathered" plans) and may still require a copayment for preventive services. Because insurance benefits and coverage vary by plan, Pediatric Health Care will make every effort to assist patients in understanding their insurance benefits. Nevertheless, it is the guarantor's responsibility to understand their specific plan provisions, including applicable copayments, coinsurance, deductibles, and any non-covered services.

During a preventive well visit, if medical concerns are addressed beyond routine preventive care (such as illness evaluation, chronic condition management, medication changes, testing, or referrals), an additional office visit may be billed, and patient responsibility may apply per insurance benefits.

Most insurance plans cover one preventive visit every calendar year. Coverage varies by plan, and it is the guarantor's responsibility to verify benefits with their insurance carrier prior to the visit. If the visit is not covered, the guarantor is responsible for all charges.

Phone Calls & MyChart messages

Phone calls and MyChart messages that require a provider's clinical evaluation, medical decision-making, or treatment recommendations may be billed to your insurance. This includes certain after-hours calls and messages. Because these services involve the provider's time and professional expertise, many insurance plans consider them billable medical services. Depending on your insurance benefits, you may be responsible for copayments, coinsurance, deductibles, or non-covered charges.

Care Coordination Services

Pediatric Health Care has partnered with Eliott Behavioral Health to provide care coordination and case management services that support you and your child in accessing the resources and services needed. These services are reviewed by licensed behavioral health clinicians and may result in charges. Applicable charges may be billed to your insurance and applied toward your copayment, coinsurance, and/or deductible. Patients are responsible for any balances not covered by their insurance plan. Your consent is required before these services can be provided.

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After Hours & Holidays

At Pediatric Health Care, we are proud to offer evening, weekend, and holiday appointments at our Peabody office to provide convenient access to quality care when your child needs it most.

Please note that sick visits during these extended hours may be subject to an additional after-hours charge. This charge may be applied toward your copay, coinsurance, or deductible, depending on your insurance plan.

Travel Vaccines

Certain vaccines recommended or required for international travel may not be covered by your insurance plan. Coverage varies by carrier and individual benefit plan. We encourage you to contact your insurance company prior to receiving travel vaccines to verify your coverage and determine any potential out-of-pocket costs. If your insurance does not cover these vaccines, you will be responsible for the associated charges. Payment plan options are available upon request.

Behavioral Assessments & Developmental Screenings

In accordance with federal guidelines and recommendations from the American Academy of Pediatrics, behavioral and developmental screening assessments are routinely performed during preventive well visits. These screenings help identify potential concerns early and support the delivery of comprehensive, high-quality care for your child.

These assessments are required for MassHealth members and are covered by most insurance plans. However, insurance benefits vary, and some plans may apply the cost of these screenings toward your deductible, coinsurance, or other out-of-pocket responsibilities. Any patient responsibility will be determined by your individual insurance plan and benefit coverage.

Hearing and Vision Screenings

Hearing and vision screenings may be performed as part of your child's care and preventive health services. Coverage for these screenings varies by insurance carrier and individual benefit plan. We encourage you to contact your insurance company prior to your visit to verify coverage and determine any applicable copayment, coinsurance, deductible, or other out-of-pocket expenses. Any patient financial responsibility will be determined by your insurance plan's benefits and coverage provisions.

Motor Vehicle Accidents & Workers Compensation

Patients receiving treatment related to a work-related injury or motor vehicle accident must provide the appropriate claim information at the time of check-in.

Workers' Compensation claims must be authorized by the employer and/or workers' compensation insurance carrier. For work-related injuries, please provide the following information:

- Employer name, address, and telephone number
- Supervisor's name and contact information
- Workers' compensation insurance carrier information
- Claim number, if available

Medical services related to motor vehicle accidents must be billed to the applicable automobile insurance carrier. For motor vehicle accident claims, please provide:

- Date of the accident
- Automobile insurance carrier and policy information
- Claim number, if available
- Claims adjuster's name and contact information

Failure to provide complete and accurate claim information may result in delays in claim processing. If the claim is denied or insufficient information is provided, the guarantor may be held financially responsible for all charges incurred.

Behavioral Health Services

Pediatric Health Care offers behavioral health services supported by an in house licensed behavioral health clinician. Many insurance plans manage behavioral health benefits through a separate behavioral health carrier or "carve-out" plan. Please contact your insurance company to verify your behavioral health coverage and provide our office with the correct insurance information for these services. Behavioral health benefits may have different copayments, coinsurance, deductibles, and coverage requirements than your medical benefits.

Patients with MassHealth must have active MassHealth Behavioral Health benefits (MBHP) for behavioral health services to be covered.

Lactation

Pediatric Health Care provides lactation support as part of the medical care of our pediatric patients. Because these visits focus on the infant's health, feeding, and medical needs, services are billed to the child's insurance plan rather than the mother's insurance.

Mothers seeking lactation services covered under their own insurance benefits, including those available through the Affordable Care Act, should contact their insurance carrier for information regarding covered providers and services.

Speech and Nutrition

Speech and nutrition services are specialty services provided at Pediatric Health Care. Although these services are delivered by in-house providers, coverage requirements vary by insurance plan and may require a referral and/or prior authorization.

It is the guarantor's responsibility to verify with their insurance carrier whether these services are covered benefits and to obtain any required authorization or referral prior to the appointment. If services are rendered without required authorization or are determined to be non-covered by the insurance plan, the guarantor will be responsible for all associated charges.

Custody Disputes

Pediatric Health Care does not participate in custody disputes or financial disagreements between parents or guardians. Our primary focus is the medical care and well-being of the patient. Any custody-related matters affecting care or account responsibility must be supported by appropriate legal or court documentation.

The guarantor of records will not be changed unless a signed agreement is provided by both parties or official court documentation is received authorizing the change.

Accounts with outstanding balances may be referred to a collection agency after 90 days of non-payment. All costs associated with collection efforts, including collection agency fees, legal fees, and attorney fees, will be the responsibility of the guarantor on file.

Coordination of Benefits

If there is more than one insurance on file, it is the guarantor's responsibility to advise which insurance is primary and secondary coverage. Failure to notify of the other insurance information you will be responsible for an uncovered charge.

Out of Network insurance, Cobra, and No insurance

Self-pay patients will receive a Good Faith Estimate of expected charges at the time of service. This estimate is based on available information and may change if additional testing or services are required.

Patients with insurance plans in which Pediatric Health Care is out-of-network will also receive a Good Faith Estimate. It is the guarantor's responsibility to verify coverage, benefits, and network status with their insurance carrier prior to services. If services are not covered, the guarantor is responsible for all charges.

If there is a lapse in coverage and the guarantor elects COBRA continuation coverage, it is the guarantor's responsibility to provide updated insurance information and ensure coverage is active. All charges remain the guarantor's responsibility until active coverage and the correct member ID are received and verified.

Final Financial Responsibility

All copayments are due at the time of service. It is the guarantor's responsibility to understand and comply with the terms of their insurance plan, including any applicable coinsurance and deductibles.

If a payment plan is needed, please contact our billing department at 978-535-1110, option 7.

Accounts with outstanding balances that remain unresolved may be referred to our collection agency, Peter Roberts & Associates, at 888-473-6661.