



Financial Policies

Thank you for choosing Pediatric Partners. We are committed to providing outstanding patient care to you and your family members. Please review our financial policies and agree in writing to accept them.

Payment Required at the Time of Service

Co-payments, Co-Insurance, and Deductibles are all due at the time of service, provided we are in-network with your insurance plan. Copayments will be collected when you check in and co-insurance/deductibles will be collected following your visit. Because each insurance plan reimburses based on a specific fee schedule, we can store your credit card information in a secure portal. Once your claim is processed through your insurance company you will be notified five days prior to any charges to your credit card. If you do not have insurance, or have an out-of-network insurance plan, we require full payment at the time of service. We accept cash, check, Visa, Mastercard, Discover, and American Express. There will be a \$30.00 charge for each returned check.

Policy for Private Insurance

Our office participates with many commercial health insurance plans. If you have questions regarding your insurance plan, it is best to have them answered by a representative of your insurance company. We will submit a medical claim for your services to the insurance carrier you provide to us. **It is your responsibility to update any insurance information to our office staff at each visit.** Please have your current health insurance card present at each visit. You are responsible for any balances that are not paid by your insurance company.

Pediatric Partners follows the recommendations of the American Academy of Pediatrics for administering developmental screenings to our patients. However, some insurance payers do not cover the cost of a developmental screening questionnaire. If your insurance company processes the developmental screenings as a denial please notify our billing staff and we will assist you.

Refunds

If an overpayment is made on your account, we will process refunds on a monthly basis. If your treatment, or a family member's treatment, is ongoing, we will apply the overpayment to any future balances. Refunds will be generated after all insurance claims have been processed for you and/or family members.

Collection Agency

Prior to scheduling future non-urgent appointments, payment arrangements must be made for any balances in excess of sixty (60 days) old. If payment arrangements are not made and the account is more than ninety (90) days delinquent, the account may be turned over to a collection agency. Once the collection agency has your account, you are required to pay the agency directly and may be discharged from the practice.

Additional Services

Some services provided outside of an office visit require a careful review of your chart and on occasion may require physician involvement. Rather than requiring an office visit to complete these services, and causing inconvenience to our

patients and parents, we have certain charges for these services. These fees will not be billed to your insurance company and will be your responsibility. Examples include FMLA certification forms and letters to third parties.

Missed Appointments/Late Arrivals

We make every effort to be on time for your appointment, and we ask that you extend the same courtesy to our practice and to our other patients. We require that all appointments are cancelled with at least 24 hours' notice of your scheduled appointment. The practice reserves the right to dismiss patients who have three or more no-show appointments in a year. **Well child visit appointments missed or not cancelled with at least a 24-hour notice will incur a \$50.00 charge. All other appointments will incur a \$35.00 charge if missed.** If you are unexpectedly delayed or have an emergency, please call us immediately so we can reschedule your appointment for another time. If you miss more than half of your appointment time, you may be rescheduled.

Prescriptions

There will be a \$10 charge for calling in prescriptions that are **not** associated with an office visit including after-hours telephone calls. This does not include prescription refills for chronic problems if that problem has been addressed at an office visit within the last six (6) months. We ask that you contact your pharmacy to request a prescription refill or submit a request through our Patient Portal. There will be a \$10 fee for prescription pre-authorizations mandated by your insurance carrier.

Stimulant Prescriptions

Stimulant prescriptions can now be sent electronically to most drug stores. However, most insurance companies will only allow for a 30-day supply so you will still need to request a refill monthly. Refill requests can be submitted to your pharmacy or through our Patient Portal. You may also pick up prescriptions at the office, but please call **at least 24-hours** prior to the time you plan to pick up.

Forms and Letters

We are happy to complete school, camp and day-care forms at the time of your well child visit. It saves time to complete these forms as the visit is being completed and the chart is open. Please give these forms to the nurse at the beginning of the visit. **There will be a \$10 charge for forms filled out at other times, payable when the form is picked up.**

Phone Calls

We are glad to answer brief questions for you over the phone. However, when phone advice becomes extended, it often takes the place of an office visit. There will be a charge of \$10-\$25 for extended phone advice with a physician or nurse practitioner during office hours or after hours.

Records

We will release or transfer one copy of your complete Pediatric Partners medical records free of charge. We can release the records directly to you or mail them to another office on a portable storage device. After the first copy, the charge to transfer records is \$15. However, if you require records to be printed, we follow NC Statute 90-411, (maximum fee of \$0.75 for the first 25 pages, \$0.50 for pages 26-100, \$0.25 for pages over 100 and a minimum fee of \$10). There is a \$5 charge to print year-end financial summaries of payments. We issue receipts at each office visit to help you avoid this charge.

Thank you for your compliance with these policies. We are delighted to care for your pediatric needs.

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By signing below, you acknowledge receipt of the policies as listed above. You further acknowledge that you have read, understand, and accept the policy in its entirety. You acknowledge that you have access to the policies through your patient portal or have requested a copy from our office staff for your records.

Thank you for your cooperation in compliance with Pediatric Partner's Financial Policy.

Patient(s) Name

Parent/Guardian Signature

Date