Pediatric Partners
Where care grows.

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Pediatric Partners 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 sign the bottom of this form to show your acceptance of the policies.

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. These will be collected when you check in. Because each insurance policy is different, we will estimate what your insurance will allow and collect that amount. You will be billed or refunded if there is a difference in the amount collected. 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, and Discover. There will be a $30.00 charge for each returned check.

Insurance
Our office participates with many 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 are happy to submit your medical claims to your insurance carrier on your behalf. **It is your responsibility to update any insurance information to our office staff at each visit.** We would ask that you have your current health insurance card present at each visit. You are responsible for any balances that are not paid by your insurance company.
Our practice follows the American Academy of Pediatrics (AAP) recommendations for screenings throughout your child's life from infancy through adolescence. These screenings such as developmental, vision, hearing and other age-appropriate assessments, are billed as separate services. If your insurance plan does not cover a screening, you are responsible for the cost of that service.

Missed Appointments
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 within 24 hours of your scheduled appointment. **Appointments missed, or not cancelled within 24 hours will incur a $50.00 charge each.** If you are unexpectedly delayed, or have an emergency, please call us immediately so we can make further arrangements for you to come at a different time.

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 process for you and/or family members.

Collection Agency
Outstanding balances of more than sixty (60 days) old must make arrangements for payment prior to scheduling future appointments. 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. You will be responsible for any collection fees associated with having your account turned over to a collection agency. Once the collection agency has your account, you are required to pay the agency directly.

Prescriptions
There will be a $10 charge for calling in prescriptions that are **not** associated with an office visit. This does not include prescription refills for chronic problems if that problem has been addressed at an office visit within the last 6-12 months. There will be a $10 charge for prescription refills needed on the same day of the request. **After hours phone calls for prescriptions/refills may incur a $10 charge.** We ask that you please call during regular office hours. There will also be a $10 fee for prescription pre-authorizations denied by your insurance.

Stimulant Prescriptions
Stimulant prescriptions cannot be called or faxed into drug stores, nor can we write for automatic refills. You will need to physically hand the pharmacist a written prescription. Most insurance companies will only pay for a 30 day supply so you will need a new prescription monthly. As a courtesy to you, we can mail these monthly prescriptions to you if you provide us with a supply of self-addressed, stamped envelopes. 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. We will write you a prescription in less than 24 hours, but you will be charged $10 at the time of pick up for rush services.

Forms and Letters
We are happy to fill out school, camp and day-care forms at the time of the well child visit. It saves us time to fill out 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 an MD or PNP during office hours or after hours.

Records
The charge to transfer records is $15. However, if you require records to be printed, we follow NC Statue 90-411, ($.75 for first 25 pages, $.50 for pages 26-100, $.25 for pages over 100). There is no charge for records faxed to specialists. 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 happy and excited to care for your pediatric needs.

_____
(Patient Name)

_____ _____
(Parent/Guardian Signature) (Date)