

FINANCIAL POLICY

It is our policy to keep your health care costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. Please always notify us at the time of check-in of all changes in insurance, address, phone number, e-mail address, etc.

■ If you have an **INSURANCE** plan:

- Always bring your current health insurance card to the office.
- You will be required to pay your co-pay or deductible in full at the time of service. We are required by our insurance contracts to collect your co-pay at the time of service. We accept cash, check, and all major credit cards.
- Please verify and understand the benefits of your insurance plan. There may be services provided that your insurance plan does not cover.
- **You agree to pay any portion of charges for which your health plan is not liable.**
- **Payment options if you have an insurance plan with a DEDUCTIBLE versus co-pay:**
 - We are required by our insurance contracts to collect your balance of the deductible.
 - You will be asked to pay your plan's contracted rate **in full, at the time of service.**
- **Insurance release:** This is to certify that you have been informed prior to receiving treatment that your health plan may not be liable for services rendered if any of the following apply:
 - You may have a pre-existing condition or other diagnosis that may not be covered by your plan
 - Unmet deductible under your health plan contract
 - Unpaid co-pay or co-insurance under your health contract; or Specific services may not be covered by your health plan.
- **Non Contracted Insurance:**
 - If Carolina Pediatrics of the Triad does not participate with your insurance plan, you will be considered a self-pay patient and will be responsible for your balance **in full at the time of service.**
 - You will be given our self-pay discount.
 - We will provide you with a HCFA form and any other documentation necessary to file your claim with your insurance company on your own.
 - An updated list of our contracted payers can be obtained at www.cptriad.com.

■ If you have **NO** insurance:

- **Payment options if you have NO insurance:**
 - Please come prepared to pay for your visit in full at the time of service. We accept cash, check, and all major credit cards.
 - We give our uninsured patients a 20% discount.
 - If payment is made in full at the time of service, we give an additional 5% discount.
 - If you are only able to make a partial payment at the time of service, we will arrange a budget agreement in which you will agree to have your balance paid in full within 90 days with the 1st payment due at the time of service.

Monthly statements: If you have a balance on your account, we will send you a monthly statement. It will reflect your previous balance, new charges to your account, and any payments or credits applied to your account during the month. Unless we have an agreed upon budget arrangement on file, the balance of your statement is due in full when you receive your statement.

Minimum balance: We will not send statements for balances less than \$25.00. We may contact you by phone to obtain this balance or may ask for payment at your next office visit.

Credits: For credit balances greater than \$25.00, we will mail a check to you. These checks will be mailed once a month. For credit balances less than \$25.00, your credit will remain on your account and will be applied to future charges on your account. We will only mail checks for credits less than \$25.00 when you request it.

Past due accounts: If you have not made any payments towards your balance within 30 days, your account is deemed as past due. We will take the necessary steps to collect this debt including referral to a collection agency. If there becomes a need to send the balance of your account to collections due to non-payment of the balance, the physicians of Carolina Pediatrics of the Triad, P.A. may no longer be able to provide care to your child/children. In this case, the guarantor will be notified by certified mail and given 30 days to find a new medical provider. All accounts sent to the collection agency will be reported to the Credit Bureau.

Custody: The parent present authorizing treatment for the child/children will be the parent responsible for those subsequent charges. Payment is due in full at the time of service. Please review our practice's policy on custody matters at www.cptriad.com or ask for a copy at our front desk.

Additional fees:

- **No show and cancellation policy and fees:** For well visits, those who don't keep or provide less than 24 hour notice are charged as: 1st \$20, 2nd and 3rd \$50. For sick visits, for those who don't keep or provide less than 1 hour notice are charged as: 1st \$10, 2nd and 3rd \$25. For sick visits after 6:00pm, there is a \$30.00 fee for not keeping appointments. For a copy of the entire policy, please visit www.cptriad.com or ask for a copy at our front desk.
- **After-hours fee:** There is an additional \$40.00 fee for office visits on weekends, holidays, and after 5pm Monday-Friday. If your insurance plan does not cover this fee, you will be responsible for it.
- **Fees for the completion of forms:** There is a \$10.00 fee for the completion of standard school, sports, and/or daycare forms. There is a \$20.00 fee for the completion of FMLA forms or other time-intensive forms. Payment in full is expected before the form is completed. There is no charge for forms completed during a scheduled visit with your physician.
- **Returned checks:** Carolina Pediatrics of the Triad charges \$25.00 for returned checks. In addition, you will be charged \$25.00 by CheckTRACK, a check recovery service who processes returned checks on our behalf. You may also incur additional financial penalties from your financial institution.
- **Medical record fee:** You will need to complete an authorization form to obtain a copy of records or to have records sent to another provider. This form can be obtained at www.cptriad.com or from our front desk. There is a processing fee for medical records. For one patient, we charge \$20.00. For a family, we charge \$30.00.

Once you have signed this agreement, you agree to all terms and conditions contained herein, and the agreement will be in full force and effect. This is an agreement between Carolina Pediatrics of the Triad, P.A., as creditor, and the Patient/Parent/Guardian, as debtor, named on this form. In this agreement, the words "you", "your", and "yours" mean the patient/debtor. The word "account" means the account that has been established to your name to which charges are made and the payments credited. The words "we", "us", and "our" refer to Carolina Pediatrics of the Triad, P.A. By signing this agreement, you are agreeing to pay for all services rendered and/or all fees incurred as outlined above. You understand that if you fail to make payments when due and your account becomes delinquent or is turned over to a collection agency for collections, the undersigned shall pay all collection agency fees, court costs, and attorney fees, and risks being dismissed from the physician care of Carolina Pediatrics of the Triad, P.A.

Patient Name (s) _____

Parent/Guarantor Signature _____ Date _____

Nondiscrimination statement: Carolina Pediatrics of the Triad, PA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 336.574.4280.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 336.574.4280