

NORTH RALEIGH PEDIATRIC GROUP, P.A.

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The providers of North Raleigh Pediatric Group strongly agree with the American Academy of Pediatrics' recommendations that your child receive regularly scheduled checkups and routine follow-up of chronic conditions such as asthma or ADHD. These visits may include developmental forms, routine labs and testing of hearing and vision.

Due to all the changes in the health insurance industry, our billing department has many calls from parents with questions regarding their bills and charges incurred during a "checkup" or "sick visit". We have developed this informational sheet to educate our families on what to expect at the time of your visit. We ask that you read and sign stating that you understand.

KNOW YOUR INSURANCE PLAN: With higher deductibles and health savings accounts, check your insurance policy for limited benefits such as:

- . Does your plan cover well care visits?
- . Does your plan cover sick visits?
- . Are there restrictions to vaccine coverage?
- . What is your co-pay and deductible? 100% well check coverage? Will recommended screenings be covered under well visits?
- . What coverage does your plan have for in-office labs?
- . What coverage does your plan have for after-hours care?
- . If you have changes in your insurance it is important to update this information with us as soon as possible.
- . Please make sure you add your newborn to your insurance plan within *30 days*.
- . Medicaid and NC Health Choice – WE **MUST** BE THE ***ASSIGNED*** PROVIDER ON YOUR CARD or we will need to reschedule your appointment.

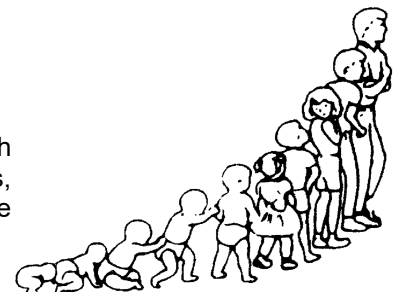
NEWBORNS: We follow the American Academy of Pediatrics' guidelines, which recommends that your baby is seen for a follow-up within 48 hours of your discharge from the hospital. Typically, this first office visit occurs at 3 to 5 days of age. This visit is generally scheduled as a "well visit" and is now most often covered by your insurance carrier as a well check-up. At this visit we check that your baby is starting to gain the weight that he or she lost initially, check how your baby is feeding, and look for signs of jaundice. This visit also gives us the chance to answer any questions you may have. If your baby is diagnosed with jaundice or any issue other than normal newborn well check, this visit may be billed as a sick visit or as a combination "well"/"sick" visit. In this case, your co-pay or deductible may apply.

Note: Please make sure to add your newborn to your insurance policy as soon as possible (your baby ***MUST*** be added within 30 days). You have until your child is six weeks old to provide us with the insurance card. After the six weeks, you will be charged as a self pay until insurance card is provided.

WELL CHECKS: During check-ups for all children:

- . Measure height, weight and head circumference (depending on age) and plot them on a growth chart.
- . A body mass index (BMI) is calculated for all children 3 years and older.
- . Check body parts and systems
- . Discuss age related expectations, guidance and nutrition
- . Discuss schooling (if age appropriate)
- . Fill out forms for daycare/sports
- . Refill medications
- . Screenings as recommended by the American Academy of Pediatrics

. **OTHER CONCERNS** that are complicated and involve more time or expertise such as chronic (prolonged duration) headaches, stomach pains, psychological/school problems, ADHD/ADD recheck, asthma rechecks or other medical issues usually require a separate



GROW WITH US
Infants, Children, and Adolescents

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visit. Addressing these concerns during your well visit would result in you being charged for a sick visit. Your insurance company will apply a co-pay/deductible for the sick visit. Due to this, we will schedule a separate visit to address any chronic issues.



CHARGES:

- We will charge for all services/procedures performed by our providers.
 - ◆ Warts are considered a surgical procedure by insurance and could incur charges.
- There is an after-hours charge of \$50.00 for Saturday/Sunday visits. This charge may or may not be covered by your insurance carrier.
- After the second “No Show” visit there will be a \$35.00 charge.
- Please be aware that if any outside labs or x-ray services are required, you may receive a separate bill from those facilities.

PAYMENT

- Payment in full is expected at the time of the visit unless the service is covered by insurance. Failure to provide payment at check-in could result in your appointment being rescheduled.
- If you are self-pay we will provide you with an estimate of your charges that are due at the time of service and any services not included at that time will be billed.
- If you have a high deductible plan we will collect \$50.00 up front and you will be billed for the remaining charges.
- Patients are responsible for paying co-pays, co-insurance and/or deductibles at the time of service. Please remember that we do not set your co-pay amount. Your co-pay is contracted between you and your insurance carrier. Per our contract with your insurance company, we are not allowed to waive or reduce copayments or deductible amounts.
- In the case of divorce or separation, the parent authorizing treatment for the child/children will be the parent responsible for all charges.
- Please make sure you know your plan so there are no surprises, as you are responsible for payment of charges not covered by your plan. The care we provide during these visits is done in the interest of your child's current and future health regardless of insurance/payment issues and we do not recommend postponing or omitting any labs, tests or evaluations.
- HSA/HRA/FSA or any Health Savings account – available balance will be verified and payment is expected within 30 days after insurance has processed your claim. If unable to verify available balance, payment is expected at time of service.

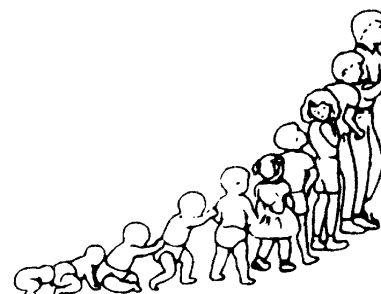
By signing below, I understand and agree to the terms of this office's policies.

Child's Name

Child's Date of Birth

Parent/Legal Guardian

Today's Date



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