NORTH RALEIGH
PEDIATRIC GROUP, P.A.

R E. Frerichs, M.D.

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Raleigh, NC 27613
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FINANCIAL POLICY

Thank you for choosing North Raleigh Pediatrics as your child's healthcare provider. We are committed to providing you the best quality medical care. We look forward to establishing a lasting relationship and partnership with you in caring for your child. As a part of this relationship, we wish to establish our expectation of your financial responsibility.

USUAL AND CUSTOMARY RATES: We participate with most insurance plans. Your insurance coverage and benefits are a contract between you and your insurance company. Not all insurance policies cover all services. It is your responsibility to check with your insurance company to determine covered benefits. **You are responsible for payment regardless of the insurance company's determination of usual and customary rates. You are responsible for any balance remaining after your insurance carrier has processed the claim.**

If you do not have your insurance card, one of our physicians' names is not on the card, and/or we cannot verify coverage via the internet, you may be asked to sign a waiver and leave full payment at time of visit.

SELF PAY: If you do not have insurance, you will be considered a "self-pay" patient. "Self-pay" patients will be given an estimate of what will be due and required to pay for all services at the time they are rendered. This may not include labs or other ancillary services. You will receive a bill for any unpaid charges.

INSURANCE COLLECTION: It is your responsibility to ensure that we have the most current copy of your insurance card, demographic and contact information. If your insurance is not verified at time of service, you will be responsible for payment at time of service.

CO-PAYMENTS: Payment is expected at time of service. Failure to produce payment at check-in may result in your appointment being scheduled and will result in a $15.00 fee. Certain services (i.e. ear piercing) are not covered by your insurance. For any questions regarding services/treatments, we encourage you to contact our Practice Manager and/or your insurance carrier to review costs. Failure to pay at the time of service will result in a $15.00 service fee. As a convenience, we accept all major credit cards, debit cards, cash, and checks.

DEDUCTABLES AND FEES: Insurance deductibles are due at the time of service rendered. Failure to produce payment at check-in may result in your appointment being rescheduled and will incur a $15.00 fee. **Patients with yearly deductibles will be required to pay $50.00 at time of service.** Failure to pay $50.00 at time of service, will incur of $15.00 service fee and full payment for any future appointments. We will require a copy of your health saving account debit/credit card or a personal debit/credit card to remain on file in our office. Your card will be charged and a receipt generated once your insurance company sends us your explanation of benefits for the claim. If there has been an overpayment, we will issue you a refund check. **Depending on your insurance, weekend and after hour appointments may incur an extra $50.00 fee;** you would need to check with your insurance to see if this added charge is covered.

OUT OF NETWORK/NON-PARTICIPATING INSURANCE CARRIERS: If your insurance carrier considers us "out of network" or does not participate with us, you are responsible for payment in full at the time of service. We will provide any proof of visit/receipts, ect.

DIVORCE DECREES: In the case gladly of services provided for minors, the individual who initiates services for the child will be responsible for payment. This office is not a party to your divorce decree. **We do not bill another individual or estranged spouse for payment.** Co-payment is due at the time services are rendered. If the divorce decree requires the other parent to pay all or part of the treatment, it is the

GROW WITH US
Infants, Children, and Adolescents

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authorizing parent's responsibility to collect from the other parent. North Raleigh Pediatrics will not act as a mediator in collecting our payments.

NO SHOW/CANCELLATION POLICY: Missed appointments represent a cost to us, to you, and to other patients who could have been accommodated. Appointments missed or not canceled at least 24 hours before the appointment will result in a $100.00. Missed appointments made the same day or not canceled within 2 hours of the appointment will also be subject to a 'No show' fee of $100.00. Appointments can only be canceled by calling during regular business hours.

TELEPHONE/FORM CHARGES: For your convenience, a triage nurse is available during regular office hours. For prompt evaluation, please call early in the day during regular office hours. Calls made after hours will incur a charge of $20. Please be mindful, completion of your child's form require time. **Forms needing completion within 3 business days, the "rush" service charge is $10.00 per form.** Payment will be due at time of drop off.

PAST DUE PAYMENTS: Just as we make every effort to accommodate you when your child is in need of medical care, we expect you will make every effort to pay your bill promptly. If you have a financial hardship, or if you are unable to pay your bill in its entirety, please contact our billing office to discuss payment options. If your account becomes delinquent (past due 60 days) your account will be subject to interest, rebilling fees, and collection costs. Should collection action become necessary, the responsible party agrees to pay an additional 30% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court cost. No balance over $300.00 can be carried on a family account.

A service charge of $30.00 will be added for returned checks, re-filing of insurance due to incomplete or incorrect information given at time of service, and for administrative fees associated with accounts turned over to collection agencies.

TRANSFER OF CARE: When relocating or transferring care to another provider, we will request and require you to close out any balances due. There is a $50 pre-payment fee for the transfer/copy of North Raleigh Pediatric Group records of the care provided for your children. This report includes: list of current and past medical problems, list of diagnoses from each visit, and growth charts, everything your next provider will need to diagnose and treat your child.

ADDITIONAL FINANCIAL POLICIES:

- Please be aware that it is not uncommon for patient to receive a regular check up and an evaluation of an acute or chronic illness. In these cases, your insurance company may be billed for a well child exam and an additional office visit.
- We will not verify coverage by telephone or internet when you present for a visit. It is the parent's responsibility to have this information available for whoever is present with the child for the visit.

I authorize North Raleigh Pediatric Group to release all requested information concerning my medical treatment to my insurance carrier. I further authorize my insurance company to pay from the proceeds of benefits of any recovery or insurance payments in my case, directly to the provider(s) of this office, for their professional services rendered.

North Raleigh Pediatric Group reserves the right to dismiss any patient from the practice who consistently fails to meet this policy or who refuses to sign this agreement.

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

Child's Name: Child's DOB:

Parents Name: Date: