



**Cary Pediatric Center  
Patient Financial Policy**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **PCC#:** \_\_\_\_\_

*Cary/Fuquay-Varina/Apex Pediatrics understands the cost of healthcare is a key concern for our patients. In order to provide quality medical care, we ask that you take the time to understand your responsibility as it relates to our policies regarding financial responsibility. If you have any questions regarding this, we will be glad to assist you.*

**Insurance:** Your insurance is a contract between you and your insurance company. We are not a part of that contract. In the event that we do accept assignment of benefits please be aware that some of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges.

**Co-Payments, Deductibles, and Fees:** All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at time of service. The accompanying parent or other adult is responsible for full payment at the time of service and for providing the proper insurance identification. If there should be a dispute about the financial responsibility, we will hold the accompanying parent responsible for payment.

**Missed Appointments:** Unless canceled at least 24 hours in advance, our policy is to charge a \$50.00 fee for well child checkups and \$35 for sick visits. We will not file, nor will insurances pay for this charge. After 3 missed appointments within 12 months, we reserve the right to dismiss you from our practice.

**After Hours Triage Calls:** One of our doctors is on call 24 hours a day. If you have an emergency, you can call the office after business hours and you will be transferred to a medical answering service. A registered nurse will answer and triage all calls and will page the on-call doctor if necessary. There is a \$15.00 fee for after-hours calls and this will be billed directly to you. Your insurance will not cover this charge.

**After Hours Appointments:** There will be an additional \$40.00 charge for all appointments on weekends and holidays. This charge will be filed to your insurance; however, if it is not covered the charge will become your responsibility.

**Work-In Charges:** If you have an urgent problem and have a work-in appointment during the regular work day there is an additional charge of \$40.00. This charge will be filed to your insurance; however, if it is not covered the charge will become your responsibility.

**Copying Medical Records:** Upon your written consent, we will provide you with a copy of your child’s medical record. The charge is \$20 per child. This will not be billed to your insurance.

**Returned Check Fees:** In the event that your check does not clear our bank, we will charge your patient account a \$25.00 returned check fee in addition to the amount of the check.

**Patients 18 and up:** Our approach to care of young adults age 18 and older meets Health Insurance Portability and Accountability Act (HIPAA) and state privacy and consent requirements making the young adult the sole decision maker about care and about sharing of personal health information. For those that cannot provide consent, we would need a legally valid custodial care or power of attorney documentation, or an adjudicated guardianship arrangement. Patients 18 and older will become their own guarantor and will be separated from the family account. Patients 18 and older are financially responsible without a valid legal reason as mentioned above.

**I have read and agree to this Financial Statement and I authorize Cary, Fuquay & Apex Pediatric Center to keep my credit card securely on file.**

\_\_\_\_\_  
Print Name of Responsible Party

\_\_\_\_\_  
DOB of Responsible Party

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date