

Patient Financial Policy

Patient Name: _____ **DOB:** ____ / ____ / ____ **PCC#:** _____

Cary/Fuquay-Varina/Apex Pediatrics understands that 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 regarding our financial policies. If you have any questions regarding this, we will be glad to assist you.

Insurance: We participate with most insurance plans. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply specific information directly. It is your responsibility to comply with their request. Please be aware the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

Co-Payments, Deductibles, and Fees: All co-payments, deductible & co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. A \$50 deposit will be collected toward High Deductible Health Plans (excluding preventive exams) unless it is verified the deductible is met. The adult accompanying the patient to our office is responsible for payment of the applicable copay, deductible, or coinsurance regardless of whether it is the parent or guardian accompanying the patient. For instance, if another family member (aunt/uncle; grandmother/father; nanny; etc.) brings your child to the office, he or she should have with them a copy of your insurance card and any applicable payment.

Credit Card on File Policy: We require that all families leave a credit card on file to be charged for all personal balances that are greater than 90 days old.

Missed Appointments: Please cancel/reschedule your visits with a 24-hour notice. If not, a \$25.00 missed appointment fee will be charged. 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 \$34.00 charge for weekday appointments 5pm or later, on weekends, and on 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.

Separated Families: In the case of divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree/custodial agreement requires the other parent to pay all or part of the treatment cost, it is the authorizing parent's responsibility to collect from the other parent. We are not a party to these agreements.

Patients 18 and up: Parents will be responsible for charges incurred by children who have turned 18 until you notify us in writing, prior to services being provided, that you no longer accept financial responsibility.

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