

***Financial Policy***

* Please be sure your insurance information is current at each visit. We will require a copy of your insurance card(s) **before** services are performed. We will file all insurances in a timely manner. Updated insurance information must be given at the time of service. Failure to do so will obligate you for payment of services rendered. We do not become involved in Third Party liabilities. We do not accept an attorney letter of payment guarantee.
* Any account that is over 45 days past due may be sent to an independent collection agency and/or credit bureau. By signing, you acknowledge that any expenses incurred in collection and/or legal will be your responsibility. In addition, your child(ren) may be dismissed from the practice due to nonpayment of the medical bill.
* Co-pays: Please have your co-pay ready upon arrival. Co-pays must be collected at the time services are rendered. Failure to render co-payment at time of appointment will result in non-compliance with your insurance carrier and may be reported to the carrier as designated under our insurance contract. You may also be requested to reschedule your appointment.
* Co-insurance: There may be some co-insurance and/or deductible charges associated with your insurance plan. The co-insurance or deductible is your responsibility and will need to be paid at time of service. This also includes services which are rendered that your insurance does not cover (examples include but are not limited to: all components of a well-child exam, after hour’s charges, ear lavage, etc).
* Pre-certification: Pre-certification (referral) may be required by your health plan before referrals to specialist office, prescriptions not on your insurance formulary, certain procedures, or tests performed. We will assist you in the referral process by contacting your insurance company on your behalf.
* Medicaid: A copy of the child’s Medicaid card is required. If Catawba Pediatric Associates is not your Carolina Access provider, you will be responsible for having this corrected. If your Medicaid is inactive, you will be deemed SELF PAY and fee’s will be collected at check-in. Once you advise us and we verify Medicaid has been reactivated, you will receive a refund check.
* There will be a $35 service charge on all returned checks.
* There is a fee of $10 for all forms that are not completed at the time of any well child visit.
* There is a $25 fee for completion of FMLA forms.
* Medical Records: Please allow 10-14 days for the processing of medical records requests. If you are transferring from Catawba Pediatric Associates the records will be sent at no charge for the first request. Any additional request printed and mailed will be charged seventy-five cents per page for the first 25 pages, fifty cents per pages 26 through 100, and twenty-five cents for each page in excess of 100 pages. Any medical records request sent electronically will be charged a fee of $6.50.

I certify that the information given by me in applying for payment under my insurance contract is correct. I authorize any holder of medical or other information about me to release to any third party payers (including Medicaid) information needed for claims for health care benefits. I request payment of authorized health care benefits under the Title XIX (Medicaid) of the Social Security Act be paid and I assign benefits payable for physician services to Catawba Pediatric Associates, PA. I authorize Catawba Pediatrics to submit a claim to my health insurance carrier or nay other third party payer, including Medicaid, on my behalf. I understand I am financially responsible for charges not covered by assignment, and I hereby guarantee timely payment in full of such charges.

By signing below, I am acknowledging that I have read and fully understand this Financial Policy.

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Parent/Guardian Signature Date