

Fayetteville Children's Clinic, P.A.
FINANCIAL POLICY

Thank you for choosing Fayetteville Children's Clinic, P.A. as your child's healthcare provider. We are committed to providing quality medical care for your child and look forward to partnering with you in caring for your child. Information regarding our financial policy and your responsibility is listed below.

SELF-PAY: If you do not have insurance, you will be considered a self-pay patient. Self-pay patients are required to pay for all services at the time they are rendered. You may call prior to your child's visit for an estimate of the charges. The estimate may not include labs or other ancillary services.

INSURANCE COLLECTION: Our office participates with a variety of insurance companies. If your insurance is one that contracts with our office, we will expect your copay at the time of check in for your appointment. It is your responsibility to ensure that we have the most current copy of your insurance card, demographic and contact information. Fayetteville Children's Clinic must be notified immediately of coverage changes. Our office staff will attempt to verify your insurance prior to your visit. If we are unable to verify insurance or if we have a question regarding coverage, we will contact you prior to your appointment. If we are unable to reach you and leave a message, please contact us prior to your appointment. There may be times that we will need to reschedule your appointment until insurance information can be confirmed.

CO-PAYMENTS: Payment is expected at the time of service. Copays are collected at check-in. Those copays that are a percentage of total charges will be payable at check-out. Deductibles are also due at the time of service. If you are aware that you will be unable to pay your amount due at the time of service, please give our office a call. We may need to reschedule the appointment. As a convenience, we accept Visa, MasterCard, debit cards, cash and checks.

OUT OF NETWORK/NON-PARTICIPATING INSURANCE CARRIERS: If your insurance carrier considers us out-of-network, you are responsible for payment in full at the time of service. We will gladly provide you with proof of visit, receipt, etc. so that you may file for your reimbursement.

DIVORCED PARENTS: In the case of services provided for minors, the individual who initiates services for the child will be responsible for payment. If the divorce decree requires the other parent to pay all or part of the treatment, it is the authorizing parent's responsibility to collect from the other parent. Payment is due at the time services are rendered. Fayetteville Children's Clinic will not act as a mediator in collecting payments.

FORM CHARGES: As a courtesy, we do not charge for health forms required for daycare, school, sport participation, medication use at school or for special needs. We will charge a fee of \$25 for those forms requiring extra time to complete. e.g. FMLA, EFMP (Exceptional Family Member Program), etc.

PAST DUE PAYMENTS: We expect that you will make every effort to pay your bill promptly, however; if you have a financial hardship, or if you are unable to pay your bill in its entirety, please speak with our billing office to discuss payment options. If your account becomes delinquent (past due 60 days) you will be subject to collection action. If your account is delinquent and you believe your insurance company should have paid the bill, please contact your insurance company for an update.

RETURNED CHECKS: We use a service of First Citizens Bank that tracks and collects returned checks. However, should that service be unable to collect the amount due, we will charge a \$25 fee in addition to the amount of the original check. Payment of the returned check must be paid in cash.

TRANSFER OF CARE: When transferring care to another provider, you may ask that we transfer medical records to your new provider or you may pick up the records at our office. A medical records release form must be signed by the parent prior to releasing/transferring records. We charge a per page fee for copying, as allowed by the state of North Carolina, with a maximum of \$20 per medical record.

ADDITIONAL POLICIES: Please be aware that it is not uncommon for a patient to receive a well exam and evaluation of an illness in the same appointment. In these cases, your insurance company will be billed for a well child exam and an additional office visit. Whereas you may not have a copay for your well visit, you may be required to pay a copay for the additional office visit. This copay will be collected at check-out.

If a child is brought to our office for care by someone other than a parent, it is the parent's responsibility to provide that person with the necessary insurance information and required payment amounts.