



FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we need your understanding of and assistance with our financial and payment policy.

Payment is required at the time of service. We accept cash, check, or credit card (Visa, MasterCard & Discover).

For patients with no insurance, full payment is required at the time of service and you will be given a cash discount (this can be paid by cash, check or credit card).

For patients with HMO plans, ***co-payment is required at the time of service.*** The amount of co-payment varies with different plans. You are responsible for knowing the co-payment amount and primary care physician listed on each child's card.

For patients with PPO plan, payment is required at the time of service until the new year's deductible has been met. After that, we require co-payments, co-insurance or your liability to be paid at the time of service.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges not covered by your insurance company are your responsibility.

Patients who have *management of chronic or acute problems during their well child care* will have additional diagnoses and codes on their insurance claims which may result in additional charges. A copay/co-insurance may be due as a result.

Patients who are seen after 5:00pm Monday – Friday and on Saturdays will be assessed an additional fees for services. These fees will be billed to your insurance carrier or collected as part of the office charges for self-pay patients.

For patients with Medicaid, eligibility will be verified at the time of the appointment. Patients are responsible for payment of services provided if eligibility cannot be verified. No well-child care will be given without verification unless payment is made in full.

Bills unpaid for more than 90 days may be turned over to a collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice. For your convenience we have a *PayPal* link on our website: www.AlbemarlePediatrics.com.

The accompanying parent/guardian is responsible for full payment at the time of service. In case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between the custodial and noncustodial parent. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

If special circumstances make immediate payment impossible, ***payment arrangements must be approved in advance*** by our business office staff.

Missed appointments: Unless cancelled at least 24 hours in advance, there may be a charge for missed appointments. Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in dismissal from the practice.

I have read the above Financial Policy, I have understood it, and I agree to it. I have also received a copy of this financial policy.

Signature of Parent or Responsible Person: _____ Printed Name: _____

Printed Name of Patient: _____

Witness: _____

Date: _____

Siblings: _____