

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 services. Failure to do so will obligate you for payment for 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 90 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 contract terminated 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 you insurance carrier and will be reported to the carrier as designated under our insurance contract.

***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 upon receipt of our statement after insurance payments have cleared. If your insurance does not cover services provided (example: well child exams may not be covered), payment in full is expected at the time of the visit. All parents having a co-insurance will be asked to make a \$25 co-insurance payment at the time of visit.

***Pre-certification-** Pre-certification (referral) may be required by your health plan before referrals to specialist office, prescriptions not in your insurance formulary, certain procedures, tests, or surgeries performed. We will assist you in the referral process by contacting your insurance company on your behalf.

*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 fee of \$25 for completion of FMLA forms.

***Medical records requests-** Cost of patient requested medical records provided in office must be paid prior to releasing records.

*Fee for copying patients records- We have contracted with HealthPort to process your request for medical records. There is a per page charge which is subject to change without notice. Currently the charge for this service is: .75 per page 1-25; .50 per page 26-100; .25 per page 101+, plus actual postage. You will receive an invoice from HealthPort for services rendered.

***Medicaid-** Medicaid recipients must provide a copy of the Medicaid card at each visit. It must be signed by the case head. This is a requirement of your Medicaid contract. If Catawba Pediatric Associates is not your Carolina Access provider or your Medicaid is inactive, a waiver must be signed. Catawba Pediatric Associates will not file claims with Medicaid after 90 days from the date of service.

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 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 any 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 any such charges.

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

Parent/Guardian Signature: _____

Date: _____

Patient Name: _____

DOB: _____