

Financial and Insurance Policy



Financial and Payment Policy

It is our policy to keep your health care costs as low as possible. In order for us to do this, please help us in the following ways:

- ✓ Always bring your current health insurance card to the office.
- ✓ Always notify us at the time of check-in of all changes to your insurance, address, phone numbers, e-mail address, etc.
- ✓ Always pay your co-pay in full at the time of service. If you do not have insurance, please come prepared to pay for your visit in full at the time of service (if paid in full at the time of service, you will be allowed a 20% discount, excluding any labs and testing).
- ✓ Always verify and understand the benefits of your insurance plan. There may be services provided that your insurance plan does not cover.

Insurance

Co-payments are due and payable at the time of visit. Per the agreement with your insurance company, we are required to take a co-pay from you when it is due.

As a courtesy to you, we will bill your insurance company provided we have the correct billing information at the time of service. If a claim is denied because you have not provided correct information, the charges will transfer to your responsibility. You are financially responsible for charges deemed by the insurance company to be billable to the patient. You must be familiar with your coverage and any requirements for deductibles, and limitations on Well Care visits, lab services, immunizations, and other procedures.

Payment options if you have NO insurance: We give our uninsured patients a 20% discount. As stated above, if payment is made in full at the time of service, the discount will be applied. If you are not able to pay in full at the time of service, we will bill your account the full amount of the services. Please be sure to speak with someone in the billing department regarding the status of your account.

Failure to pay Outstanding Balances

Our office will make every effort to communicate with you about your account and will present reasonable options for payment. In the event a bill goes unpaid for 3 months without contacting our billing department to review your payment options, your child **will not** be able to receive Well Care appointments. Please keep in mind that Well Care appointments are essential for the completion of any school, camp, or daycare forms.

Minimum balance: We will not send statements for balance less than \$10.00. We will notify you of any balances at the time of check in at your next office visit.

Divorced Parents

High Point Pediatrics, PLLC will not get involved in custodial, separation or financial disputes involving or related to divorced parents of a minor child. The parent who is the guarantor for the policy covering the child is the responsible party for payment of services rendered. **The parent bringing the child in for an appointment is responsible for that visit's copay.**

After hours fee: For appointments after 5:00pm (Monday-Friday) and for all weekend appointments, there may be an additional charge that is billed in addition to charges accrued at your visit. Most insurance plans cover this fee, however, if yours does not, you will be billed for the charge.

Once you have signed this agreement, you agree to all the terms and conditions contained herein, and the agreement will be in full force and effect.

The undersigned has read and agrees to the above financial and payment policies of High Point Pediatrics, PLLC.

I, _____ (Print Name) understand that I am ultimately responsible for the charges accrued by my child/children as the legal parent or guardian.

Signature: _____ Date: _____

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(Parent/Guardian/Responsible Party)

