

CATAWBA PEDIATRIC ASSOCIATES, PA
FINANCIAL POLICY

Thank you for choosing our providers. We are committed to assisting you with your insurance and financial obligations. We accept insurance assignment, cash, checks, Visa, MasterCard, Discover & American Express. Please read and sign our financial policy below:

Our clinic is committed to providing the best treatment for our patients and we charge in accordance of what is usual and customary for our area. Patients are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary charges. Our practice participates with most major insurance carriers. A current listing is available on our website at www.catawbapediatrics.net.

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. The adult accompanying the child for treatment will ultimately be responsible for payment. We will file all insurances in a timely manner. Failure to do so may 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 120 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 non-payment 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 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 you 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.

HSA's- You will be given a separate financial policy if you hold one of these accounts.

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, test, or surgeries performed. We will assist you in the referral process by contacting your insurance company on your behalf.

Forms- There is a charge for the completion of all medical forms that are not presented at a well child exam or sports physical. Payment must be made before the form is completed at a charge of \$10 per form..

Transfer of Medical Records- There is a charge for transfer of medical records. They are completed and billed by Healthport and NOT Catawba Pediatrics.

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.

Signature of Responsible Party/Relationship

Date

Patient Name
Updated 09/19/2008

DOB