

Western Wake Pediatrics, PA Patient Financial Policy

Western Wake Pediatrics understands that the cost of healthcare is a key concern for our patients. Although patient care is our main priority, we hope that you assist us by understanding your responsibility as it relates to our Financial Policy. If you have questions regarding our policy, a representative of our staff will be glad to assist you.

PATIENT FINANCIAL POLICY

Thank you for choosing Western Wake Pediatrics as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy:

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT TIME OF SERVICE.

We accept: Cash, Checks and Credit Cards

REGARDING INSURANCE

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits please be aware that some, and perhaps all, of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges. It is your responsibility to:

- Ensure our providers actively participate with your insurance carrier.
- Know your benefit coverage, as well as your dependents, prior to receiving services.
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

Please remember that we must receive your billing information at the time of each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible.

Regarding Insurance Plans where we are a participating provider, all co-pays and deductibles are due at time of treatment. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility retains to:

- Denied and Non-covered services
- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pended claims due to lack of patient and/or guarantor information
- Non-Insurance and/or out-of-network benefits

If you fail to receive an Explanation of Benefits (EOB or EOP) from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitioned to patient responsibility and you may be required to make other payment arrangements.

MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance, our policy is to charge \$35.00 for missed appointments. There may be an additional fee for missed physicals. We will not file, nor will insurance plans pay for this charge, so please help us serve you better by keeping, or canceling in advance, scheduled appointments.

AFTER HOURS TRIAGE TELEPHONE SERVICES

You may be charged a \$10.00 fee for providing medical advice during non-business hours.

COLLECTIONS

Any past due balance not paid will be turned over to a collection agency after 90 days. In the event that the bill remains unpaid and litigation ensues for collection of sums due, this office shall be entitled to reasonable attorney fees and court cost.

Thank you for understanding our Financial Policy. Please let us know if you have any questions.

I have read and agree to this Financial Policy:

Signature of Patient or Responsible Party

Date