

Financial Policy NAME OF PATIENT:

Thank you for choosing Asheville Pediatric Associates! We are committed to providing outstanding patient care for you and your family. The providers of Asheville Pediatric Associates, P.A. strongly agree with the American Academy of Pediatrics recommendations that your child receive regularly scheduled checkups and routine follow-up of chronic conditions such as asthma, ADHD, and obesity. These visits may include developmental forms, routine labs, and testing of hearing and vision.

Please review our financial policy and billing 101 information sheets. These are available on our website but if you have any questions do not hesitate to ask a member of our staff.

Newborns

Please make sure to add your newborn to your insurance plan within 30 days of birth

During the first month of life most of your child's visits are considered well visits. However, if your child has difficulty gaining weight, is jaundice or is being treated for another condition, the visit will not be considered routine and will require a copay.

Circumcisions - Our providers are able to perform circumcisions in our office, not at the hospital. Check with your insurance company to confirm this is a covered service as it varies by plan.

Charges

- We charge for all services/procedures performed by our providers. •
- There is an after-hours charge of \$40 for our Morning Drop-In clinic/Saturday and Sunday/Holiday visits. . • This charge may or may not be covered by your insurance carrier.
- If you are here for a routine check-up and other issues arise besides the routine check (any issue not considered wellness) or are seen for health maintenance issues such as ADHD the provider will bill for an additional office visit and you may incur a separate charge, I.E. Co-pay, Deductible, Co-insurance

*Please be aware that if any outside labs or x-ray services are required, you will receive a separate bill from those facilities. *

Pavment

WELLNESS VISITS MAY OR MAY NOT BE SCHEDULED UNTIL OUTSTANDING BALANCES ARE PAID IN FULL OR PAYMENT PLAN HAS BEEN ARRANGED. **

- We ask that balances be paid within 30 days of your initial statement unless prior arrangements have been made.
- Copays will be collected at every visit. We will not collect copays up front for checkups but you may be billed for one depending on your insurance plan.
- As a courtesy we will file your claims with your insurance company.
 - We are in network with all major insurance carriers. We will accept copays and then file your insurance.
 - If you have any questions whether we are in network with your particular plan, please contact your insurance company.
- Any outstanding balances will be collected at each visit along with your co-pay.
- Uninsured patients are required to pay \$200 at the time of service. Any additional balance must be paid when checking out.
- We ask that you present your insurance card at each visit. If we are unable to verify your insurance coverage you will be considered uninsured, and payment will be required at time of service.
- We accept all major credit cards, cash, and checks. Payment may also be made over the phone and online with • no additional charge.
- We offer payment plans upon request.

Collections

- We consider your account delinquent if not paid within 30 days from receiving your statement. •
- We make a courtesy phone call as reminder that account is past due.
- After 90 days of non-payment, your account will be considered for collections. •
- Once your account is in collections you are at risk of termination from our practice.

I have read the above policy and I understand that I will be responsible for payment for services not covered by my insurance plan.

Signature