

REGIONAL PEDIATRIC ASSOCIATES, PA

NORTH DURHAM OFFICE

4022 Freedom Lake Drive
Durham, North Carolina 27704
(919) 477-2202

SOUTH DURHAM OFFICE

1622 E. Highway 54, # 130
Durham, North Carolina 27713
(919) 544-2049 -

FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our practice manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either yourself or your health coverage carrier, **full payment is due at the time of service.** For your convenience we will accept VISA, Mastercard, and Discover.

YOUR INSURANCE

We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans for whom we have an agreement and will only require you to pay the authorized copayment at the time of service. It is the policy of our office to collect the copayment, deductible and/or coinsurance at the time of your appointment.

You will be required to notify our office in the event there is a change in your health plan, address, marital status, or employment. Should your health coverage change and you are unable to provide proof of insurance you will be asked to sign a waiver of liability and will be billed for charges.

In the event your health plan determines a service to be "non-covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office, or at the time of service.

LEGAL GUARDIAN

Except in limited circumstances, such as in the case of an emancipated minor, both parents are financially responsible for their child(ren)'s care. When we provide services, we bill the appropriate insurance carrier. However, both parents remain responsible for any unpaid amount. Although divorced parents may have a divorce decree that established their financial responsibilities with respect to each other, we are not a party to the decree. Accordingly, we require the parent/adult accompanying the child for treatment to accept responsibility for any payment due at the time of service.

MISSED APPOINTMENTS

It is our policy to charge patients \$25.00 for missed appointments. Three missed appointments without notification within a reasonable amount of time may result in termination from the practice. You will have 30 days from the time you receive the 3rd notice to find another pediatrician for your child(ren). Please call us as early as possible if you know you will need to cancel or reschedule your appointment.

I have read and understand the financial policy of the practice and agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Responsible Party

Date