Chapel Hill Pediatrics and Adolescents, PA
Patient Payment Policy

Revised: June 2025

Thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing healthcare services to our patients.

Insurance

- Please provide a copy of your insurance card at each visit.
- We participate with most insurance plans. Your insurance coverage and benefits are a contract between you and your insurance company. Each plan has different benefits as well as different financial obligations. Not all insurance policies cover all services. It is your responsibility to check with your insurance company to determine covered benefits.
- We are required to file with your primary insurance. If you have secondary insurance that we are in network with, then we can file your secondary insurance. If you have secondary insurance that we are **NOT** in network with, then it is your responsibility to file any charges with them for reimbursement.
- **If you have insurance coverage under a plan with which we do not have a contract**, you will be treated as a "self-pay" (cash pay) patient and will be provided documentation to assist you in filing your own claim. We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service.
- We cannot extend professional courtesy discounts.

Payment

Payment is expected at the time of service. This includes co-pays, co-insurance, balances, and deductibles.
As a courtesy to our patients, we gladly accept check, Visa, MasterCard, American Express and Discover. **We do not accept cash.**

- **Yearly deductible plans: Families who must meet yearly deductibles will be required to pay $75.00 at the time of service. A claim will be generated to your insurance company so that this amount will be credited to your deductible. In addition, we require a copy of your health savings account debit/credit card or a personal debit or credit card to remain on file in our office. Your card will be charged, and a receipt generated once your insurance company sends us your explanation of benefits for the claim. If there has been an overpayment, we will issue you a refund check the following business day.**
- In the case of services provided for minors, the individual who initiates services for the child will be responsible for payment. **We do not bill another individual or estranged spouse for payment.**
- **We require debit, credit card, or HSA card on file for all insurance coverage, except for Medicaid. This allows us to obtain payment for balances left on your account after insurance processes or for unpaid copayments**.

Appointments and Cancelling Services **Initials:** _____

- An appointment written in our schedule with your child's name on it is a bond of trust that we will be here to serve you, and you will be present for that appointment. The appointment is made with your approval and is considered confirmed whether or not you receive a reminder e-mail, call, or postcard. Running behind schedule may occur due to attending to unanticipated needs of other patients.
- We require 24 hours' notice to cancel prescheduled appointments and 2 hours' notice to cancel a same day appointment. **We charge a $75 no-show fee for missed appointments.** We cannot accept cancellations of appointments left through Phreesia.

Balances

- Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service.
- **No balance over $500.00 can be carried on a family account.**
- Accounts **may be** turned over to a collection agency if past due 60 days or more. The patient family will be responsible for all collection costs involved with the collection of this account including court cost, reasonable attorney fees and all other expenses incurred with collection if there is a default on any unpaid balance.
- **Should you have extraordinary financial pressures, we will assist you with a payment plan.**

Form Fees

- A fee of $10 will be assessed for each **camp** form.
- A $35 expedition fee will be assessed for any form requiring completion in less than 5 business days.

After Hours Nurse/Triage Calls

- For patients over 2 months of age, within North Carolina, a fee of $16 will be assessed for each after hours/weekend triage call.

Urgent Care Hours/Holidays

- Appointments Monday – Friday before 8am and 5pm or later, appointments during our weekend hours Saturday and Sunday 8am until 12pm, and same day appointments during a holiday are considered to be "urgent care."
- There is a fee of up to $45 for each urgent care visit. This fee will be billed to the insurance we have on file.

Important note about Billing:

Insurance companies have very specific regulations about billing for health care services. As your health care providers, we are required to follow those regulations in how we report services provided to you. All physicians/providers must report to the insurance company in a universal code system linked to the service, treatment or procedure provided. **It is not uncommon for a patient to receive a regular check-up and an evaluation of an acute or chronic illness (ex: ADD/ADHD, asthma, earaches, and sore throats). In these cases, your insurance may be billed for a well child exam and an additional office visit.**

Further examples:

- Your child is evaluated and treated for an ear infection as well as examined for his well child exam. Both services must be reported to the insurance company.
- A child with asthma may have his/her asthma evaluated at the same time as the well child exam. Again, both services must be reported to the insurance company.

Insurance companies handle these reported codes differently. **Some insurance companies may require an additional co-pay to cover the charge and/or the charge may go towards your co-insurance or deductible; this is determined entirely by your insurance company.** If you have questions, please check with your insurance carrier.

We appreciate the opportunity to participate in your family's healthcare. As always, we are dedicated to providing the best possible care for your family. If our billing office can help, please contact them at 919-942-4173 extension 896.

I have read both pages of the above financial policy and understand and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-pays and deductibles are my responsibility.

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Signature of Parent/Guardian **Date**

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Printed Name of Parent/Guardian