



Blue Sky Pediatrics Asheville

FINANCIAL POLICY (Revised 2015)

We are dedicated to providing the best possible care for your child and we want you to completely understand our financial policy.

GENERAL: Payment is expected at the time of service including any past due unpaid co-payments and deductibles
(See Fees Section below)

The **co-payment** and balance on your account is your responsibility to pay even if you are not asked to pay due to our staff being busy or forgetting to ask. **(See Fees section below)** We accept all forms of payment including cash, checks, and debit/credit cards. We do not accept post-dated checks. You **MUST** bring your **insurance card** or Medicaid card to each visit. It is your responsibility to notify us if you have **changes in information** such as different insurance, phone number, or address. If you **transfer from our office** with a balance, you will be turned to collections. If your child is sick or injured and you can't pay your copayment, or if you don't have insurance for that date, your child will still be seen. You will need to pay your balance within the next 2 days. **(See Fees Section below)** **Medical records** released from us require a copying fee which will be the standard amount allowed per NC guidelines and is based on the number of pages in the record.

When you check out, charges will be assessed based on what is indicated on your encounter form. However, there may be **additional charges** that will need to be added after you leave our office and we audit what was done during the visit. We will not tolerate any **profanity or threats** in any form made to a staff member or physician. If this happens, it is grounds for immediate dismissal from our practice.

CIRCUMCISIONS: If you have Medicaid or no insurance and you choose to have your male newborn circumcised, this procedure will be scheduled to be done in our office instead of the hospital. These charges must be paid in full by cash or credit/debit card before the procedure will be scheduled. Medicaid does not pay for circumcisions.

PAYMENT PLANS: If you have a larger balance in our office, you may discuss the possibility of payment arrangements. If these arrangements are granted to you, you must make the scheduled payment or you will forfeit the payment plan agreement. We encourage you to give us a credit/debit card for your payment plan so we can debit your account each month until your balance is paid in full. It is your responsibility to let us know if we need to use a different debit/credit card than the one we have on file.

SUMMARY OF FINANCIAL FEES

Filling out forms---**\$FREE** (if you give us 7 business days to complete)

\$12.00 Rush Charge (if you need within 1-3 days)

\$25.00 Urgent Charge (if you need within 24 hours)

Prescription Refills---**\$FREE** (if you give us 5 business days to complete)

\$12.00 Rush Charge (if you need within 1-3 days)

\$25.00 Urgent Charge (if you need within 24 hours)

Insufficient Funds Check Charge---**\$35.00**

No Show Appointment without 24-hour notice ---**\$25.00**

Termination Fee if we turn your account to collections---**\$25.00**

Co-Payment Billing Fee---**\$10.00** if not paid within 2 days after service

Statement Fee---**\$10.00** per statement for each bill sent after the first statement is sent.

WHO IS RESPONSIBLE: We can't be held responsible for determining which parent is responsible for paying the bill. We will put the responsible party as the one who signed the paperwork in our office.

CANCELLING APPOINTMENTS: Please give our office 24-hours advanced notice of cancellation so we may offer that appointment to another patient. If you do not give us this notice, your child will be considered a **NO-SHOW** for their appointment. You will then be billed a no-show fee of \$25.00 **(See Fees section below)**. You will receive no further notice before this fee is added to your account. We will take into account missed appointments due to emergency situations on a case-by-case basis, but you must notify us of this situation on the same day as your scheduled appointment in our office. After the third **NO-SHOW** in your child's record, your child will be considered for dismissal from our office.

PHYSICAL EXAMINATION: Our office requires your child to have a yearly physical examination to remain an active patient. If your child is scheduled for a physical examination and you can't pay your co-payment or if you can't show proof of insurance and can't pay for the visit in full, then you may be asked to reschedule your child's appointment. If you arrive at any type appointment over **15 minutes past the appointment time**, we may need to reschedule your child's appointment for a different time or a different date. Sometimes during a physical examination, a physician will **diagnose and treat a separate problem**. Some insurances don't cover both services. If this happens, you may be responsible for an additional co-payment, deductible, or denial after the visit. We are required by law to report all services received by our patients. We can't legally change a code for a procedure or diagnosis so your insurance company will pay.



Please read our Summary of Financial Fees to the Left. No further notice will be given.

This financial policy is subject to change without notice.

Please sign below that you have read & understood this Financial Policy.

Patient's Name: _____

Patient's Birthdate: _____ Date: _____

Person Signing Printed Name: _____

Relationship to Patient: _____

Signature: _____

You will be furnished a copy of this Financial Policy upon request.