

Chapel Hill Children & Adolescents' Clinic

Patient Financial Policy

Please review the information below, and let us know if you have any questions.

The Physicians and staff at Chapel Hill Children & Adolescents' Clinic (CHCAC) thank you for choosing us for your healthcare needs. Our commitment to you includes providing you with quality medical care when and where you need it most, and providing excellent customer service through effective communication and understanding.

Making sure you are aware of your financial responsibilities is part of our commitment to you. Please carefully review our policy below. Thank you for your cooperation.

If you have any questions or concerns about our policy or about your bill, please ask us. We are here to help you.

Health Plans

CHCAC participates with many health plans and managed care programs. If you are a member of a plan we participate with, we will file claims for services rendered. Please be aware:

- It is your responsibility to determine whether CHCAC is listed as an in-network or out-of-network provider under your health plan.
- If you are scheduling an appointment with one of our providers and your insurance card lists a Primary Care Provider other than one at our office, you may be subject to an additional out-of-pocket expense.
- For assistance with insurance and benefits-related questions, please refer to the toll-free number listed on your insurance card or contact your Human Resources department.

Registration and Check-In

Before or at your initial visit and periodically thereafter, you will be asked to provide registration information to help keep personal and insurance details up to date. Please be aware:

- You may be asked to present your insurance card and proof of identification when you check in for each appointment.
- Scanned copies of your insurance card and identification are kept as part of your/your child's record.
- It is your responsibility to notify our office of any changes in patient information such as address, name, telephone number, or insurance information.

Payments

Co-payments and outstanding balances are due at check-in unless other payment arrangements have been made in advance. Payment will include known co-payments, deductibles, and coinsurance due for this visit, as well as any past balances due. It is our policy to collect co-payments when you arrive for your appointment. Please be aware:

- While we may estimate your financial responsibility, it is your insurance company that ultimately determines your benefits.
- We accept cash, checks, or credit cards.
- No post-dated checks will be accepted.

Minor Patients

For minor patients, the adult accompanying the patient will be responsible for payment due at the time of service. It is our policy that we do not get involved in custody issues, and do not "bill the other parent". A signed release to treat may be required for unaccompanied minors.

Discounts

As a courtesy, a discount on services (not supplies) is offered to uninsured patients who pay in full at the time of service. We require a self-pay application be completed to be eligible for this discount.

PLEASE READ AND SIGN OTHER SIDE

Responsibility for Services

While it can be CHCAC's responsibility to arrange for a referral or pre-authorization of services when required by your health plan, this can only be accomplished accurately when we have the correct information for your health plan(s). Please be aware:

- Keeping us updated on health plan changes is your responsibility.
- Certain procedures or services may not be covered, or may be considered "not medically necessary", "experimental", or "cosmetic" by your health plan. You are responsible for payment of these services.
- Some health plans limit preventive ('well') services. If your care exceeds a plan limitation, you will be responsible for payment.
- Additional charges may be incurred if, during the course of a physical exam or well-child check, the provider addresses another health concern.
- In addition to applicable co-pays, patients receiving before-hours or after-hours ("walk-in") services may be responsible for an additional after-hours fee.

Payment Plans

We understand that healthcare expenses may be a financial burden. We are willing to work with you to establish a reasonable payment plan. CHCAC will document approved payment plans in writing.

Returned Checks

If a check is returned for insufficient funds, closed account, or payment is stopped, your account will be charged a \$25 fee. This fee applies to payments made at our front desk, or mailed into our office. Patients who do not reconcile their account may no longer have the option to pay by check.

Past Due Accounts

If your account becomes past due, we will take the necessary steps to collect this debt. Referral to a collection agency may adversely impact your credit record. Accounts turned over to a collection agency are also at risk of being dismissed from CHCAC for non-payment.

Thank you for reviewing our financial policy. We appreciate you choosing Chapel Hill Children & Adolescents' Clinic and look forward to serving you and your family.

Timeliness & Missed Appointments

Our practice makes every effort to run on time with appointments, as we believe everyone's time is equally valuable. As a courtesy, we will do our best to remind you of your upcoming appointments via phone or text message. We ask that you arrive 15 minutes before your scheduled appointment time. We understand sometimes things happen beyond your control that may cause you to be late. However, we reserve the right to ask you to reschedule if you arrive late for your appointment.

Missed Appointments: Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments. We request 24-hour notice to cancel appointments.

A fee of \$50 will be charged for any missed appointment. The third missed appointment for your family could result in discharge from the practice. For new patients, you will no longer be permitted to establish care at our office if the FIRST appointment is missed.

I have read and understand the Chapel Hill Children & Adolescents' Clinic Patient Financial Policy:

Patient Name

Signature

Printed name

Date

Relationship to Patient