# Patient Financial Policy

Thank you for choosing Western Wake Pediatrics as your health care provider. We are committed to providing you with the best quality medical care. As a part of this relationship, we wish to establish our expectation of your financial responsibility. The following is a statement of our Financial Policy:

**Assignment of Insurance Benefits**
I hereby authorize direct payment of my insurance benefits to Western Wake Pediatrics, P.A., or the physician individually, for services rendered to my dependents by the physician or under his/her supervision. I understand that it is my responsibility to know my insurance benefits and whether or not the services I receive are covered. I further understand and agree that I am responsible for any co-payments, deductibles, co-insurance, or balance due that my insurance carrier determines to be payable to Western Wake Pediatrics, P.A.

**Payment Policy**
Full payment of patient obligations is due at the time of service. We accept cash, checks, and credit cards.

**Insurance Policy**
Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. It is your responsibility to:

- Confirm that our providers actively participate with your insurance carrier.
- Know your benefit coverage, including your dependents, before receiving services.
- Ensure that all pre-approval requirements are met to avoid denials or reduced/out-of-network benefits.
- Provide accurate billing and insurance information at each visit so claims can be processed according to your plan's requirements.

If either the practice or your insurance plan does not receive accurate and complete information to process your claim, you will be held financially responsible.

If your insurance plan considers us out-of-network or does not participate with us, you are responsible for payment in full at the time of service.

**Financial Responsibility**
You may be financially responsible for the following:

- Denied or non-covered services.
- Services deemed not medically necessary by your insurance company.
- Co-payments, deductibles, and co-insurance.

- Claims delayed or denied due to incomplete patient or guarantor information.
- Non-insurance and/or out-of-network services.

If you do not receive an Explanation of Benefits (EOB) within 45 days of treatment, you should contact your insurance plan to determine claim status. If payment is not received within 60 days from the date of service, the balance may become your responsibility, and you may be required to make alternative payment arrangements.

**Self-Pay Patients**
Patients without insurance are considered "self-pay." Self-pay patients will receive an estimate of charges and are required to pay for all services in full at the time they are rendered. Payment in full is expected by the end of the visit.

**Co-Payments**
All co-payments are due at the time of service. Failure to provide payment at check-in may result in your appointment being rescheduled.

**Divorce Decrees/Rulings**
For services provided to minors, the parent or guardian who initiates care is financially responsible for payment. Western Wake Pediatrics is not a party to divorce decrees and will not bill an estranged spouse or other individual for services. If a divorce decree assigns financial responsibility to the other parent, it is the initiating parent's responsibility to seek reimbursement. Western Wake Pediatrics will not serve as mediator in these matters.

**No-Show and Late Cancellations**
Please provide at least 24 hours' notice for cancellations. Same day cancellations should be called in as early as possible so we can offer the appointment to another patient.
After the third missed appointment or late cancellation within a 12-month period, a no-show fee will be charged. This fee cannot be billed to insurance and will be posted to the patient's account.

All missed appointment fees and additional charges are the responsibility of the parent or guardian who scheduled the visit. Western Wake Pediatrics reserves the right to enforce this policy and maintain documentation in the patient's record. For full details, please review our Appointments and Cancellation Policy available on our website.

**Saturday and After-Hours Triage Telephone Services**
Visits scheduled on Saturdays include an additional fee, which will be submitted to your insurance. Any portion not covered by your insurance is your responsibility. Medical advice provided during non-business hours is also subject to a separate fee.

**Form Completion Policy**
Our office requires up to 5 business days to complete forms. You will be notified once your form is ready for pickup. There is a $10 fee for form completion. This fee must be paid before the completed form is released. The following forms are provided at no charge:

- School Medication Administration forms (1702)
- Immunization Records

- WIC forms
- Allergy/Asthma forms

**Past Due Balances and Collections**
If you have a financial hardship or are unable to pay your bill in full, please contact our billing department to discuss payment options. You may reach the billing department by calling our main office number and selecting **Billing** to be directed appropriately.

Any balance not paid within 90 days may be referred to an outside collection agency. If a bill remains unpaid and the practice must take legal action to collect it, the patient or guarantor will be responsible for any reasonable attorney fees and court costs incurred.

Please let us know if you have any questions.