

CAPE FEAR PEDIATRICS
FINANCIAL POLICY

Child's Name: _____ **Acct#** _____

The parent/guardian bringing the child in for services, is the person that is financially responsible (guarantor) on the account, regardless of which parent is providing insurance coverage. Any secondary or new insurance changes should be reported to our billing department as soon as possible to avoid denied claims.

The guarantor is responsible for forwarding statements to the parent providing the insurance coverage if that parent resides at a different address. We are NOT responsible for being the go-between in marital separations, custody battles, or divorces.

A CURRENT copy of your insurance card is REQUIRED at each visit. MEDICAID cards are to be presented at each visit. Appointments will be rescheduled if current insurance information is not provided by two months of age!

We will file all services to your insurance company as a courtesy, but you will be held responsible for all copays, deductible amounts, and any non-covered services or screenings that your insurance does not pay. Non-covered services may include some, but not all of the services listed below:

Well child check-ups, hearing and vision screenings, developmental screenings, and ear lavages. Please make sure you are aware of the type of benefits your insurance provides.

Copays are collected at check-in and must be paid by cash, check, credit card, or money order at each visit.

Statements are mailed monthly for outstanding balances on your account as well as denial letters. Please remit payment upon receipt. Financial arrangements can be made if needed. Please discuss this with the billing department.

I _____ have read and accept financial responsibility as guarantor for services provided by CAPE FEAR PEDIATRICS. I understand failure to provide accurate and current insurance /billing information may result in my account being placed with an outside collection agency and possible termination from the practice.

Signature: _____ **Date:** _____