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FINANCIAL POLICY

Thank you for choosing Eastern Pediatrics, PA to provide care for your child. We are doing everything possible to hold down the cost of medical care for your child. You can help us in this effort by eliminating the need for us to bill you. The following is a summary of our payment policy. **ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE.**

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes any co-insurances and co-payments due for participating insurance companies. If co-payments are not paid at the time of service, you may be charged a fee of \$10 or more depending on your insurance company. Eastern Pediatrics, PA accepts cash, personal checks (in-state only), VISA, and MasterCard. **There is a service charge of \$30 for checks returned to us for insufficient funds.** We reserve the right to refuse check payment from patients that have written more than 3 returned checks within a 6-month period.

Your insurance company should send an explanation of benefits (EOB) statement to you, which explains how your insurance company has responded to any medical claims submitted to them. We also receive an explanation of payment from your primary insurance company, which explains how they will pay the medical claim. **You are responsible for any balance not covered by your insurance company.** Patient account balances are handled as follows:

- Balances not paid within 60 days are turned over to a billing service.
- A \$10 late fee will be assessed to balances not paid within 60 days.
- For any outstanding balance of 60 days or more overdue, arrangements for payment must be made prior to scheduling well-child care visits.
- Balances not paid within 120 days are turned over to a collection agency and are considered bad debt unless a payment plan has been arranged.

We realize that people may at times have financial difficulty. Therefore, we are willing to work with you to develop a payment plan and keep your child's well visits on time. Please call our Billing Office between 9:00 AM and 4:30 PM, Monday through Friday at 252-561-7777 if you need to make arrangements.

We reserve the right to terminate patients with bad debt from our practice. Once again, we are here to care for your child and truly hope this never occurs. We realize that financial difficulty can arise with anyone. Therefore, we will work with you to develop a payment plan.

Please call our Billing office between 9:00am and 4:30 pm, Monday through Friday at (252) 561-7777.

We bill participating insurance companies as a courtesy to you. **Payments for all deductible and co-payments are expected at the time of service.** In addition, if we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

We do not bill secondary insurance companies. We can provide you with the appropriate form and documentation of services provided so that you may file a claim with your secondary insurance. If you need assistance or have questions, please contact the Billing Office between 9:00 AM and 4:30 PM, Monday through Friday at 252-561-7777.

Overpayments to accounts will be refunded upon written request to the responsible party within 30 days.

If you are enrolled in a managed care insurance plan (i.e., a HMO), you must receive a referral from our office **prior to seeing a specialist. NO retroactive referrals will be given.**

Broken appointments represent a cost to us, to you, and to the other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. Excessive abuse of scheduled appointments may result in termination from the practice.

I have read and understand the Eastern Pediatrics, PA Financial Policy. I agree to assign insurance benefits to Eastern Pediatrics, PA whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, I will be responsible for the fee charged by the collection agency in addition to the amount owed to Eastern Pediatrics, PA.

Signature of insured or authorized representative:

Date:
