



913 East Arlington Blvd • Greenville, NC 27858
Phone: (252) 561-7777 • Fax: (252) 561-7778

FINANCIAL POLICY 2011

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy. **ALL PAYMENT AND BALANCES IS 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 applicable coinsurances and co-payments for participating insurance companies. If co-payments are not paid at the time of service, you will incur a fee of \$20 or more depending on your insurance company. Eastern Pediatrics accepts cash, personal checks (in-state only), VISA, and MasterCard. **Post-dated checks will not be accepted.** There is a service charge for returned checks in the amount of \$30. We reserve the right to refuse check payment from patients that have written more than 3 returned checks within a 9-month period.

After we receive the explanation of payment from your primary insurance company, you are responsible for any balance not covered by the insurance company. The insurance company should also send an explanation of benefits (EOB) to you. Balances not paid within 90 days are turned over to a billing service. Patients with an outstanding balance of 90 days overdue must make arrangements for payment prior to scheduling well visits. We realize that people have financial difficulty. Meanwhile, we advise that due to your financial situation you may want to seek your child's immunization through a clinic or health bureau. 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 4:00 PM, Monday through Friday at (252) 561-7777.

We do not bill secondary insurance companies or Medicaid as a secondary payer. For private payers, we will provide you with the appropriate documentation of services rendered in order for you to file with your secondary payer. Patients that currently have two payers will not be affected. However, if the status changes the patient will fall under the new policy.

Balances not paid within 90 days are turned over for collections and considered bad debt unless a payment plan has been arranged. 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 people have financial difficulty. Therefore, we will work with you to develop a payment plan. Please call our Billing Office between 9:00am and 4:00pm, Monday through Friday at (252) 561-7777.

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payments at the time of service. 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.

If you need assistance or have questions, please contact the Billing Office between 9:00am and 4:00pm, Monday through Friday at (252) 561-7777.

Overpayments 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 before 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. We reserve the right to charge for missed or late-canceled appointments in the amount of \$10. Continued excessive abuse of unfulfilled scheduled appointments will result in a discharge from the practice.

Once patients have signed a medical release form requesting that records be released to another facility, we ask that you allow 7 to 14 days for medical records to be mailed or faxed. Once this transition has started, there will be a 12 month waiting period to return to Eastern Pediatrics, P.A. There will be exceptions made according to foster children placement, and or custody situations, etc. Each situations will be evaluated according to the child's (children) need.

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

Signature of insured or authorized representative

Date

Signature of witness from Eastern Pediatrics

Date

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