

R & R PEDIATRICS, PLLC

Location: HWY 55
3100 NC HWY 55 Ste# 202
Cary, NC 27519
Phone: (919) 367-9833
Fax: (919) 367-9832

Location: Carpenter Fire Station
7560 Carpenter Fire station Rd Ste#201
Cary, NC 27519
Phone: (919) 367-9834
Fax: (919) 367-9832

Financial Policy

OUR PRACTICE FINANCIAL POLICY:

R & R Pediatrics, is dedicated to providing your children with the best possible healthcare services. Your understanding of our financial policies is an essential element of their care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance by either you or your health coverage insurance carrier, full payment of charges is due at the time services rendered. For your convenience we accept American Express/VISA/MasterCard/ Discovery cards, Debit card, personal checks, and cash payments. The bank charges for bounced personal check will be added to your account.

Please note that if your account becomes delinquent and is referred to our collection agency, you may be assessed a collection fee which may be added to your outstanding balance by the agency.

Minor Patients:

For all services rendered to a minor patient, the adult accompanying the child is responsible for payments unless a court order states otherwise.

Your Health Insurance:

We have prior arrangements with many insurances and other health plans. For your convenience we will bill those plans but payment is not guaranteed. We will collect any required co-payments before services are rendered and deductibles, Co-insurance amount and other charges at the time services rendered. In the event your health insurance plan determines a service to be "non-covered", you will be responsible for the complete charges. In that event the payment is due upon receipt of the statement.

If you have insurance coverage with a plan with which we do not have prior agreement (out of network), charges for care and treatment are due at the time of the services rendered.

We also will submit claims to your health coverage plan for all services we provide in the hospital. Any balance (co pay, deductible, co-insurance) due is your responsibility and is due upon receipt of a statement from our office or billing company.

You are responsible for payment regardless of the insurance company's determination of usual and customary rates for of all services rendered.

Provider new work status changes periodically. It is your responsibility to find out if our facility and providers are in net work with your health insurance.

Self-Pay Patients:

Patients without healthcare Insurance coverage are required to pay in full for all services at the time they are rendered. We will not send invoices to you for self-pay balances. Ask for any discount available for payment in full.

Divorce Decrees:

R & R Pediatrics is not a place to your divorce decree. All copayments, deductibles and coinsurance are due at the time services rendered and are the responsibility of the accompanying adult. We will not bill another parent/guardian for these fees due at the time of service. Any outstanding balance after claims are processed by your health insurance plan is the responsibility of the parent/legal guardian who signs the financial policy. At any time if there are any legal changes to the party assuming financial responsibility for your child medical services due to changes in marital status or otherwise, it is your responsibility to provide us any court documents and fill out new paperwork with our office and sign a new financial policy. Our office will not change financial responsibility without the new signed documents.

No Show/Cancellation Charges Policy:

We charge you or your child account \$30 for sick visits and \$ 40 for well child visits and Conferences. Appointment made the same day that are subsequently missed or cancelled will be considered no show and result in No Show fee. You are required to notify us at least 24 hours prior to your scheduled and confirmed appointments for cancellations and rescheduling. Appointments can only be cancelled or rescheduled by calling during our regular working hours. On call doctor will not cancel or reschedule appointments. Phone voice mail messages and emails sent during afterhours are not sufficient and won't be attended until the following working day.

Missed appointments cost us, you and other patients who could have been accommodated for urgent acute illness. Please help us serve you better by keeping your scheduled appointments.

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Appointment Policy:

We work with appointment system in order to provide you the most efficient care. We occasionally see walk- in patients for urgent medical illness as soon as practically possible. Walk-in patients for non-urgent illness will be given same day earliest available appointment. We make every effort to honor time commitments and aim to give out patients the time and attention they need while in our office. We expect that our patients extend the same curtsey to us. We ask that you arrive 30 minutes before for your New Patient appointment, 20 minutes before for Well Child visits and 10-15 minutes before your sick visits. This will give us to time to complete associated paper work, register your child, update demographics, verify insurance and for you to complete any required screening questionnaire. **If you arrive more than 10 minutes after the scheduled arrival time for your appointment, we may reschedule your appointment.**

Afterhours Telephone Calls:

Afterhours calls are strictly to consult provider for urgent medical advice only. Do not call afterhours to cancel or reschedule appointments, update demographics, pay balances or ask non-emergency questions. If you need urgent medical advice make sure to choose appropriate option to speak with the on call provider. After you hear greeting message choose option 2 to speak with the provider. If call not answered, please leave your child name, DOB, the reason for call and call back number. If you do not hear back from the on call provider within 30 minutes please call back after 30 minutes. You will not hear back from the provider if you block your number. If your child has medical emergency call 911 first before calling on call doctor.

Forms and Charges:

We complete Daycare, Preschool, School, Sports Physical and Camp forms. Please understand that completion of these forms require time and you are asked to drop off forms and collect back after 3- 5 business days. If you require any of these forms within 3 days you will be charged \$5.00 for each form. We will provide one copy of Immunization record. FMLA and other forms are charged \$20.00. Payment is due in full at the time you drop off the forms. Please note we will not stock any of these forms in our office and our staff are not permitted to search on internet and print them for you. We will not mail these forms unless you provide us self-addressed envelope with required postage. We will not fax or email these forms to you or school.

Delinquent Accounts:

If no payment is received within 60 days of invoice statement it will be delinquent. Your delinquent account will be subject to interest, billing fees and collection costs if referred to collection agency. If the account is referred to third party collection agency, the responsibility party agrees to pay collection fee, all legal fees associated with collection process, with or without suit, including attorney and court fees. You also agree that staff of R & R Pediatrics to contact you by phone and e-mail to collect balances on past dues.

R & R Pediatrics make every effort to accommodate and treat you and your child is in need of medical care. We expect you will make every effort to pay your bill promptly.

Records Release and Transfer of Care to another provider:

For any reason when you are transferring care of you or your child to another provider, we require a signed medical records release form to process your request. We will request and require you to pay all balances due. Payment is due at the time of request and we ask for 10-14 business days to process your request. The processing fee is \$15.00 for each child.

Authorize Insurance:

I authorize my healthcare insurance company to pay from the proceeds of benefits of any recovery or insurance payments in my case, directly to the provider(s) of R & R Pediatrics for their professional services rendered to my child or me.

Right to Dismiss:

R & R Pediatrics reserves the right to dismiss any patient from the practice who consistently fails to meet the above policies or who refuse to sign this agreement.

I certify that I have read, understand and agree to the financial and other office policies stated above.

Patient's Name: _____ **DOB:** _____ **Today's Date:** _____

Signature: _____ **Name:** _____

(Parent /Legal Guardian if patient <18 years old)