

Thank you very much for choosing **Fayetteville Children's Clinic, P.A.** as your child's healthcare provider. We are committed to providing high quality medical care and look forward to partnering with you in caring for your child. Our financial policy, as well as your responsibilities are outlined below.

HEALTH INSURANCE, CO-PAYS AND DEDUCTIBLES: Our office contracts with a variety of insurance companies. In accordance with our agreements, co-pays and deductibles are expected to be paid on the day of service and cannot be waived. Please be ready to provide your current insurance card at every appointment. If we are unable to verify your insurance coverage on the day of your visit, you will be considered a self-pay patient. If a health problem is addressed during a well-child check, a co-pay may be required. As a convenience, we accept Visa, MasterCard, debit cards, cash and checks. A \$25 fee will be added to your account for each returned check.

NEWBORNS: Parents are advised to add newborns to their insurance policy as soon as possible. If we are unable to verify your baby's coverage prior to their 2-month well check visit, the appointment will have to be rescheduled until coverage is in effect. Alternatively, they can be seen as a self-pay patient, with payment expected in full at the time of service.

OUT OF NETWORK: If your insurance considers us out-of-network, you are responsible for payment in full at the time of service. We will gladly provide you with proof of visit and a receipt so that you may file for your reimbursement.

SELF-PAY: If you do not have health insurance, your child will be considered a self-pay patient and you will be required to pay for all services at the time they are rendered. If interested, please call prior to your appointment for a good faith estimate of the charges.

DIVORCED/SEPARATED PARENTS: When services are provided for minors, the individual initiating the medical care for the child will be responsible for any payment at the time of service. Fayetteville Children's Clinic will not act as a mediator in collecting payments. Also, we require a copy of the up-to-date court ordered custody agreement.

NO-SHOW, LATE AND CANCELLATION POLICY: We strive to provide appointments as needed for all of our current patients, whether it be for a well or sick visit. As a courtesy, we provide text message appointment reminders at least 2 days before scheduled appointments and phone call reminders if needed. At least one (1) business day notice is required to cancel or reschedule appointments. **Starting JULY 1, 2024, failure to notify the office one (1) business day in advance of your original appointment will result in a \$50 no show fee.** Emergencies will be considered on a case-by-case basis for a waiver of this fee. If you arrive more than 15 minutes late for your appointment, you may be asked to reschedule. Repeated no-shows will lead to the family's dismissal from the practice.

PAST DUE ACCOUNTS: We expect that you will make every effort to pay your bill promptly. Please, call our office if you experience financial hardship. If no prior arrangements have been made, your account will become delinquent, when past due for 90 days, may be turned over to collections and/or you may be discharged from the practice.

FORMS AND LETTERS: We require 48 hours to complete most forms. More complicated forms and letters may take longer. **Starting July 1, 2024, there will be an administrative charge of \$10 associated with completion of each medication authorization, asthma action plan, allergy action plan or additional physical forms and \$25 administrative charge for forms requiring extra time,** such as FMLA, EFMP or letter of medical necessity, due at the time of pick up. Due to HIPAA law, we cannot fax your child's forms to daycares and schools.

I have read and accept the above financial policies.

Date: _____ **Parent/Guardian:** _____ **Witness:** _____

Patient Name: _____ **DOB** _____