

**Raleigh Pediatric Associates
RESPONSIBLE PARTY STATEMENT**

DEFINITION: The Responsible Party is the person(s) who present and/or authorize the patient to Raleigh Pediatric Associates for treatment and completes this form.

Responsible Party Authorizes:

--Raleigh Pediatric Associates, P.A. to furnish information to insurance carriers concerning patient's illness and treatments.

RESPONSIBILITIES:

--**ALL CHARGES** are due at the time that services are rendered unless patient is a member of an insurance plan with which Raleigh Pediatric Associates participates. Raleigh Pediatric Associates only allows contractual adjustments for plans with which our physicians currently have a contract.

--If patient is covered by a plan with which Raleigh Pediatric Associates participates the following will apply:

--**COPAYS** are due at the time of service unless the copay is a percentage of allowable charges. In this case, copay will be due immediately after insurance has processed claim with a dollar amount as copay.

--**ALL CHARGES** deemed patient responsibility after insurance has processed the claim are due immediately. This includes copays, deductibles, coinsurance and non-covered services.

--Financially responsible for all charges **whether or not covered by insurance.**

--A valid patient's insurance card must be presented at each and every visit.

--Raleigh Pediatrics Associates must be notified immediately of coverage changes. Failure to provide us with timely insurance information or change in coverage could result in the responsible party being held liable for the total charges.

--Any services filed with your insurance that are not responded to any time after 90 days from the date of service may be transferred to patient balance and will become the responsibility of the family.

RIGHTS:

-- Raleigh Pediatric Associates will file claims promptly for patients who participate with contracted insurance plans.

--A copy of charge/payment history for account as requested.

--A copy of this statement may be given upon request to the person(s) who have signed or who have been authorized by the Responsible Party to receive a copy.

--This statement will be valid unless rescinded in writing by one at a later date.

____ I have received a copy of Raleigh Pediatric Associates Financial Policy which further outlines my rights and responsibilities.

PLEASE DO NOT SIGN THIS STATEMENT IF YOU ARE NOT THE LEGAL GUARDIAN OF THE PATIENT.

By my signature I understand and agree to the conditions outlined in this statement and those in the Financial Policy.

Printed Name

Signature

DATE: _____

Staff Initials

FINANCIAL POLICY 1/2010

Welcome to Raleigh Pediatrics Associates! We're glad you've chosen us as your child's pediatrician and strive to give your children the best in medical care. We understand that in addition to feeling comfortable with your child's physician, many parents have concerns about the financial policies of the practice. This information is designed to answer frequently asked questions.

CONTRACTED INSURANCE FILING:

We currently have contracts with the following insurance companies/plans:

--AETNA:Elect Choice(EPO)	--BCBS:BlueOptions
Aetna Select	BlueChoice
Quality Point of Service(QPOS)	BlueCare
Managed Choice POS	Smart Choice PPO
US Access	(State--Not Medco)
Open Access Aetna Select	Blue Advantage
Open Access HMO/Elect Choice or	Federal Employees
Managed Choice	Preferred Care Select
Aetna Choice POS and POS II	BlueCard-PPO in Suitcase ONLY!!!
Open Choice PPO	For out of state plans.
Traditional Choice	
Affordable Health Choices (PPO and	PLEASE READ*
Indemnity)	
Aetna Signature Administrators	

*BLUECROSS/BLUESHIELD--We DO NOT participate with COSTWISE, CMM (Comprehensive Major Medical, Medco, CLASSICBLUE, some OUT OF STATE BCBS plans, some TRIGON and some PPO plans. Please call if you are unsure.

--CIGNA HEALTHCARE **Open Access, HMO, PPO and Point of Service Plans. SOME EXCEPTIONS:**

--Cigna Indemnity plans-- We do not file for or accept allowables for Indemnity Plans.

Indemnity Plan patients will be considered Self Pay, must pay in full when seen by physician and file insurance themselves.

--Not all Starbridge/Fundamental Plans

--Great West plans--For patients with Great West-Raleigh Pediatrics is a non-participating provider meaning you must pay at time of visit but Great West has indicated that they will reimburse you. Please check with Great West or your employer before your visit to insure this information is still correct and accurate.

--NORTH CAROLINA HEALTHCHOICE

--MEDCOST

--MEDICAID—LIMITED NEW PATIENTS--Open only to children 2 months and younger, established patients and their siblings) Please ask staff for a copy of our Medicaid Patient Packet.

--PATIENTS CHOICE-PRIMARY PHYSICIAN CARE

--WELLPATH/Coventry—Effective 12/1/08 also contract with Duke Select and Duke Basic (Not SouthCare/Ethix)

Raleigh Pediatric Associates company policies regarding our participation with these contracted plans are as follows:

--Raleigh Pediatrics has agreed to file insurance for patients who participate in these plans. In order to do this as accurately as possible, we MUST see your child's insurance card at each visit and if you participate with a managed care program, one of our physicians' names must appear on the card.

IF YOU DO NOT HAVE YOUR CHILD'S INSURANCE CARD AT EACH VISIT OR ANOTHER PHYSICIAN NAME APPEARS ON THE CARD, YOU MAY BE ASKED TO SIGN A WAIVER AND LEAVE PAYMENT AT THE TIME OF VISIT.

--We will, in some cases, accept a paper copy of online eligibility at Check-In as long as it includes: patient's name, proof of eligibility for medical services on the date of service and online address of contracted insurer. We will NOT verify coverage by telephone or internet when you present for a visit. It is the parent's responsibility to have this information available to whoever is presenting the child for a visit (spouse, grandparent, nanny, etc.).

--We collect all co-payments at the time services are rendered and file insurance on a daily basis.

--Any services that are deemed to be family responsibility (additional copays, coinsurance, deductible, etc.) or that are considered non-covered by your insurance will be put to patient balance and are due immediately.

--We collect all co-payments at the time services are rendered and file insurance on a daily basis.

--Any services that are deemed to be family responsibility (additional copays, coinsurance, deductible, etc.) or that are considered non-covered by your insurance will be put to patient balance and are due immediately.

--Any services that we file with your insurance that are not responded to any time after 90 days from the date of service may be transferred to patient balance. This balance will remain the responsibility of the family until payment is received or written correspondence is received by the insurance company verifying that payment is forthcoming from them.

-- A monthly statement will be sent to you detailing unpaid charges. If you have questions regarding items which have not been paid by your insurance, we ask that you contact your insurance company or employer as benefit packages vary by employer.

--There is an additional charge for visits after 5:00 pm Monday-Friday and for Saturday and Sunday visits.

NON-CONTRACTED INSURANCE OR SELF PAY:

If we do not participate with your insurance plan, we ask that you pay in full at the time services are rendered. We will provide you with a form suitable for filing with your insurance company. You need only to fill out your portion of the insurance claim form, attach our encounter form and mail to your insurance company.

SEPARATED/DIVORCED FAMILIES:

For those families where parents are separated or divorced, the parent authorizing treatment and bringing the child to be seen is responsible to us for payment. All payments are due when services are rendered.

In the case of contracted insurance only, copay is due at the time services are rendered. Subsequently all charges deemed parent responsibility by the contracted insurer are due to Raleigh Pediatric Associates by the parent who authorized treatment.

If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Raleigh Pediatric Associates will not act as a mediator in collecting our payments.

A copy of the bill with appropriate insurance coding will be given to the authorizing parent at each visit.

If the account is not resolved in a timely manner, the authorizing parent's information will be submitted to our collection agency.

Non-compliance with this policy may result in transfer of care to another practice.

PRACTICE CLOSINGS: Raleigh Pediatric Associates is closed to the following populations:

--MEDICAID/CAROLINA ACCESS-Currently open only to new patients 2 months or younger, established patients or the sibling of an established patient. Please read below regarding definition of established patient.* Please ask staff for a copy of our Medicaid Patient Packet.

--TRICARE/CHAMPUS-Unless primary insurance is one of our contracted plans.

*A PATIENT IS ESTABLISHED ONLY IF THEY HAVE BEEN SEEN BY ONE OF OUR PHYSICIANS IN THE LAST 3 YEARS AND HAVE NOT TRANSFERRED OUT OF THE PRACTICE.