



Raleigh Pediatric Associates – Financial Policy

Welcome to Raleigh Pediatrics Associates! We are 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.

Although this policy is lengthy, it is extremely important for you to understand the financial policies that will affect your family. Please take time to review and contact our Accounts Receivable Department at 919-872-0250 extension 590 for questions or clarification.

POLICY ENCLOSURES:

Contracted Insurance Plans..... Page 1
Contractual Insurance Filing..... Page 2
Practice Insurance Exceptions..... Page 2
Parent/Guardian Financial Responsibilities..... Page 3
Special Charge Notes After-hours Visits & Outside Lab Charges..... Page 4
Separated/Divorced Situations..... Page 4
To Consider Before Choosing an Insurance Plan..... Page 4
Questions or Additional Information..... Page 5

Contracted Insurance Plans:

Raleigh Pediatric Associates participates with the following insurance carriers:

- AETNA
➤ BLUE CROSS/BLUE SHIELD
➤ CIGNA HEALTHCARE
○ CIGNA EXCEPTIONS
▪ Raleigh Pediatrics does NOT participate with Cigna Indemnity plans or Cigna Connect. If you have one of those plans and choose to come to Raleigh Pediatrics, your account will be considered Self Pay. You must pay in full at time of service and file your own insurance. No contractual adjustments will be made to these accounts.
➤ COVENTRY HEALTH CARE OF THE CAROLINAS
➤ MEDCOST PPO
➤ MEDICAID/CAROLINA ACCESS*
○ ONLY ACCEPTING PATIENTS WHO MEET THE FOLLOWING QUALIFICATIONS:
▪ New patients TWO months of age and younger
▪ Established patients and their siblings
➤ NORTH CAROLINA HEALTHCHOICE
➤ UNITED HEALTHCARE



Raleigh Pediatric Associates – Financial Policy

Contractual Insurance Filing:

Raleigh Pediatrics has agreed to file insurance for patients who participate with our contracted insurance plans. In order to do this as accurately as possible, we MUST see your child's insurance card at each visit or be able to verify your child's coverage online. If you participate with a managed care program, one of our physicians' names must be listed with your child's name.

- **IF YOU DO NOT HAVE YOUR *CHILD'S INSURANCE CARD AT EACH VISIT, ANOTHER PHYSICIAN NAME APPEARS ON THE CARD AND/OR WE ARE UNABLE TO VERIFY COVERAGE, YOU MAY BE ASKED TO LEAVE PAYMENT AT THE TIME OF VISIT AND/OR SIGN A WAIVER.***
- Continued non-compliance with presenting insurance verification at each visit may result in termination of care.
- We will, in some cases, accept online eligibility as long as it includes all verifiable information pertaining to your child's coverage. This info includes patient's name, proof of eligibility on the date of service and verification that coverage is with a **CONTRACTED** insurance plan. Keep in mind that we **MAY NOT** be available to verify coverage by telephone or internet when you present for a visit. It is the parent's responsibility to have this information available to whomever is presenting the child for a visit (spouse, grandparent, nanny, etc.).
- **ALL** copayment amounts are due when services are rendered. In addition, we will ask for all balances on prior visits that have become your responsibility since filing. As we do Family Billing these amounts may be on any child in your family (not necessarily the child being seen that day) and may be due to copay/co-insurance/deductible/non-covered services or patient ineligibility.
- After we file your visit and receive a response from your insurance company, your balance for that service date is due **IMMEDIATELY**.
- Discrepancies with your insurance determination of bills must be handled between you and your insurance company. In rare cases we will contact your insurance if you have been led to believe there was an error on our part. However, in order for us to take action with your insurance company, we need a reference # and the name, phone number and extension of the insurance rep you spoke to.

Practice Insurance Exceptions:

Raleigh Pediatric Associates is **CLOSED** to the following patient populations--

- **MEDICAID/CAROLINA ACCESS**-Currently open only to new patients **TWO** months or younger, established patients or the sibling of an established patient. Please read below regarding definition of established patient.*
**A patient is considered 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.*
- **TRICARE**-Unless primary insurance is one of our contracted plans.



Parent/Guardian Financial Responsibilities:

Payment due at the time services are rendered include:

- **YOUR FAMILY’S CURRENT BALANCE**
 - This includes any services that are deemed to be family responsibility (additional copays, coinsurance, deductible, etc.) or that are considered non-covered by your insurance. In addition, 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 **we are notified via verifiable insurance correspondence that payment will be forthcoming from their insurance plan.**
- **SELF PAY PATIENTS**
 - Payment in full is DUE at the time services are rendered.
 - Raleigh Pediatrics DOES give a discount to Self Pay patients who pay IN FULL at the time of visit.
- **NON-CONTRACTED INSURANCE (Also considered SELF PAY PATIENTS):**
 - IF Raleigh Pediatrics does not participate with your insurance plan, you MUST pay in full at the time services are rendered.
 - Self Pay discount will also apply to patients with non-contracted insurance as long as they pay IN FULL at the time of visit.
 - **At your request, we will provide an itemized receipt suitable for filing with your insurance company.**
- **CONTRACTED INSURANCE**
 - Any amounts that are pre-determined to be your child/family copay/co-insurance/deductible are due when services are rendered.
 - After we file your visit and receive a response from your insurance company, your balance for that service date is due IMMEDIATELY.

AFTER FILING-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.

AFTER FILING-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.

AFTER FILING-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.

We are happy to help our families when the need exists. However, if your account is set up on a Payment Plan that defaults due to a missed or declined payment, the BALANCE WILL BE DUE IN FULL IMMEDIATELY.



Raleigh Pediatric Associates – Financial Policy

Special Charge Notes> After Hours Visits and Outside Lab Charges:

➤ SPECIAL CHARGE NOTES:

- **AFTER HOURS** --There is an additional charge for visits after our regularly scheduled appointments. These most likely would be requests for care after 5:00 pm Monday-Friday; for Saturday and Sunday visits and for visits on office holidays when we have limited staffing. (Good Friday, Memorial Day, 4th of July, Labor Day, Friday after Thanksgiving)
- **OUTSIDE LAB CHARGES:** If lab work needs to be sent to an outside laboratory, you will receive a separate bill from that lab. Make certain you apprise our medical staff IF your insurance requires that lab work be sent to a specific vendor.

Separated/Divorced Situations:

- A copy of this policy in its entirety is available upon request.
- 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, co-insurance and/or deductible may be 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.
- UPON REQUEST, a copy of the bill with appropriate insurance coding will be provided 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 termination of care.

To Consider Before Choosing an Insurance Plan:

Raleigh Pediatric Associates feel it is in the best interest of our patients and their families to follow the American Academy of Pediatrics recommendations and guidelines when providing care.

As we put your child's health above all else, we treat our patients regardless of their insurance company benefits. As part of our effort to educate and work with your family, it is important to know that not all insurance plans cover all procedures or diagnosis codes.

It is the parent/policy holder's right and responsibility to find out from their insurance or employer what may and may not be covered BEFORE initiating care. It is important for you to know ahead of time what your out-of-pocket responsibility may be. This is something that only your insurance company can answer.

Raleigh Pediatrics will assist you by providing any documentation you may need to get your claim paid. However, we will not adjust off any non-contracted services or charges based on your insurance company's determination.



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We understand that most insurance plans are employer-driven and often families do not have as much choice as they would like when it comes to choosing your coverage and benefits.

However, in cases where you have more than one plan to choose from, here are some things to consider regarding benefits and patient responsibility

- Although MOST insurance plans cover well care visits there ARE some exceptions. Make certain to check with your insurance or employer ahead of time to ask if well care visits covered in full and what services are considered well care by your insurance plan. It CAN vary from plan to plan.
- Check to see if there is maximum amount of well child care benefits available to you.
- Are there restrictions to vaccine coverage?
- Does your insurance require your lab work to be done at a certain facility?
- What laboratory tests may not be covered?
- What coverage does your plan have for labs done at the physician's office?
- What is your responsibility in terms of copay, coinsurance and deductible? More financial responsibility is now on the policy holder.
- Does your plan cover after-hours care?
- **NEW PARENTS:** Have you added newborn to your policy? Most insurances only allow 30 days after your child's date of birth for you to add him/her to your policy.
- **IF your insurance requires an assigned provider or primary care physician to be named, it MUST be an RPA physician. If this is not done properly, the responsibility of payment may become yours.**

Questions or Additional Information:

Please contact our AR Department at 919-872-0250, extension 590