



FINANCIAL POLICY 2011

It is the policy of Kids First pediatrics of Raeford to outline clearly the respective financial responsibilities of our patients and our practice. We are committed to providing our patients with excellent patient care, while minimizing administrative costs. We have established this financial policy to accommodate both the patient and the Practice.

You need to understand your insurance coverage: not all services are covered by all plans and we do not know the details of all insurance plans. While filing of insurance claims to insurers that we participate with is a service that we extend to our patients, all fees ***ARE*** ultimately the patient's responsibility. We accept assignment from most major insurance carriers; which means covered charges will be paid directly to us. You will be held responsible for all services provided to your child, with or without insurance benefits. If you have insurance that is primary with Medicaid as secondary, you must provide this information at the time of service. If you fail to disclose your primary insurance, your claim will be denied.

If we do not participate with your insurance plan, you may still choose to be seen by the practice. As a courtesy to you, we will file a claim with your insurance company. However, payment is expected at the time service is rendered.

Due to current federal and insurance regulations, ***all co-payments, co-insurance and deductibles are collected at the time of service.*** We accept cash, checks, MasterCard and Visa. If these charges are paid by checks, and are returned unpaid by your financial institution, you will be subject to a fee of \$25 on top of your co-payment, coinsurance or deductible owed. The following criteria must be met prior to issuing a patient refund: there are no outstanding insurance claims on the family's account, and there are no outstanding balances on the family's account.

It is the patient's responsibility to provide us with current insurance information and to present the insurance card and identification at each visit. If you do not have your insurance card, you will be considered a self-pay patient and payment is expected at the time service is rendered.

If your insurance requires you to designate a primary care physician (PCP), you are required to have authorization from us, your PCP, ***PRIOR*** to having a specialist appointment. We require 7-10 working days for routine referrals to be processed. Emergency referrals will be handled on a case to case basis. Do not call us from the specialists' office to request a referral. You may have to reschedule your appointment or self-refer, and pay the specialist's fees at the time of your visit. It is the parents' responsibility to be aware of the services needing insurance pre-authorization and requesting the same from Kids First Pediatrics of Raeford.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. If you have any questions regarding our financial arrangement, please feel free to call our office - ***910-848-KIDS (5437).***

Thank you for choosing ***Kids First Pediatrics of Raeford*** for your child's healthcare needs.

I fully understand the financial Policy and agree to abide by these rules.

Signature of Guarantor (Parent/Legal Guardian): _____

Date _____

- KIDS FIRST PEDIATRICS OF RAEFORD • 4005 FAYETTEVILLE ROAD, RAEFORD, NC, 28376 •
- PHONE 910-848-KIDS (5437) • FAX 910-848-5439 • WWW.KIDSFIRSTPEDSRAEFORD.COM •