

OBERLIN ROAD PEDIATRICS PATIENT PAYMENT POLICY

Effective December 17, 2015

Thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing healthcare services to our patients.

We participate with most insurance plans. Your insurance coverage and benefits are a contract between you and your insurance company. Each plan has different benefits for you as well as different financial obligations. Not all insurance policies cover all services. It is your responsibility to check with your insurance company to determine covered benefits.

We offer a discount for our "self-pay" patients IF they pay in full the day of service.

We are not accepting new Medicaid patients at this time, however, if you are an existing patient and need to switch to Medicaid we will continue to accept you as a patient.

Office Hours, After Hours, and Appointments

The phone lines are open **Monday-Friday 8:00 am - 5:00 pm** and **Saturday 9:00 am - 12:30 pm**

If you have urgent medical need outside of the above phone hours please call our main number 919-828-4747, to speak with a nurse.

Monday -Friday:

Phone lines to our receptionists are open 8 am - 5 pm

Regular office hours: 9:00 am - 4:00 pm

Walk-in clinic 7 am - 8:30 am (no appointment needed)

After hours: Urgent Care sick visits and limited annual physicals (**by appointment only**) 4 pm - 7 pm

Saturday:

Urgent care sick visits and limited annual physicals (**by appointment only**) starting at 9:00 am...NO WALK-INS

Sunday:

Urgent Care sick visits (**by appointment only**) starting at 10:00 am...NO WALK- INS

Please call our nurse after 8:00 am to schedule urgent same day appointments

Please note that any appointment after 5:00 pm weekdays and all weekend appointments will incur an extra charge. Your insurance company may or may not cover this charge.

The following are our financial guidelines relative to financial responsibility:

- Please provide a copy of your insurance card at each visit.
- **Payment is expected at the time of service. As of January 1st 2013 co-pays not received within 48 hours of service will be subject to a \$15 administration fee.**
- As a courtesy to our patients we accept cash, check, money order, Visa, and MasterCard. **We no longer accept American Express.**
- **We cannot extend professional courtesy discounts.**

- **As of January 1st 2013, a service charge of \$35 will be added for:** 1. Returned checks. 2. Re-filing of insurance due to incomplete or incorrect information given at the time of service, and including for example when your insurance has terminated. 3. Administrative fee associated with accounts turned over to collection agencies.
- As of January 1st 2013, any amount not covered by the patient's insurance including applicable deductibles, additional co-pays, etc. will be due 30 days from the time of the service. **Late payments will incur an additional \$10 per month billing fee.**
- Accounts will be turned over to a collection agency if past due 90 days or more. Failure to pay balance may result in discharge from the practice.
- You will be responsible for all collection costs involved with the collection of your account including court costs, reasonable attorney fees, and all other expenses incurred with collection if there is a default on any unpaid balance.
- Should you have extraordinary financial pressures, we will assist you with a payment plan. Starting on January 1st 2013 this plan will need to be **IN WRITING** with our billing department prior to services being rendered. No balance over \$500.00 can be carried on a family account, unless the above-mentioned payment plan has been signed and the arrangement is being followed.
- **As of January 1st 2013, there is a \$35 No-Show fee for missed appointments. IN ADDITION, cancellations under 24 hours for Well Child Checks/Complete Physical Exams OR notification less than 4 hours for office sick visits will incur a \$35 fee as well.**
- **As of January 1st 2014 cancellations under 24 hours for Medicine Rechecks or Consults will incur a \$35 fee. As of January 1st 2014 missed or cancelled flu shot/shot only appointments, will also be charged appropriate no show fees or cancellation fees if missed or cancelled in less than the 4 hour window.**
- For repetitive No-Shows in a family, the family will be dismissed.
- **As of January 1st 2013 a "RUSH" fee of \$30 will be assessed for any "FORM" requiring completion in less than 5 business days. This fee will be paid at the time the form is dropped off. Forms brought in at the time of the child's well child check/physical exam and those forms not needed in less than 5 business days will be FREE of charge.**
- **As of March 1st 2014 the "RUSH" fee will also be charged for any letter that you need for a physician to write for your child that is needed in less than 5 business days. This fee will be paid at the time the letter is requested.**
- We appreciate the opportunity to participate in your family's healthcare. If you have any questions regarding this policy, please let us know.

Parent / Guardian signature

Date