



FINANCIAL POLICY

We are required by Federal Regulations to inform our patients in regard to the use of their health information in accordance with Health Insurance Portability and Accountability Act of 1996 or HIPAA.

Thank you for choosing Greensboro Pediatricians as your children's health care provider. We appreciate your trust in us and the opportunity to carry out high quality pediatric care that is professional, responsive, and compassionate.

Our office and physicians are committed to providing you with exceptional care at a fair and reasonable cost. To accomplish this goal, we are requesting your help in notifying our office of any patient information changes to avoid unnecessary billing issues.

To better serve our patients the following is a copy of our payment policy. Greensboro Pediatricians reserves the right to change this financial policy at any time. A current financial policy will always be available upon request. Acknowledgement and understanding of this Financial Policy must be signed on the Greensboro Pediatricians' Information Sheet.

Payment in full is due and expected at the time of service. The parent or caregiver bringing in the patient for service will be financially responsible for the bill, as payment is required at the time services are rendered.

Your health insurance policy is a contract between you and your insurance company.

As a courtesy to our patients, Greensboro Pediatricians will file claims to any insurance carrier with whom we are participating providers.

Insurance: Insurance card(s) are required at *each* visit, including copays and deductibles expected at the time of service. You may be asked to reschedule your appointment if you do not have your card/or payment. Accounts not kept current are turned over to a collection agency which may result in termination of care for your child and siblings.

Non-Contracted Insurance:

If we do not participate with your insurance, you will be considered self-pay and payment is required at the time of service. At which a form will be given to you so that you may file your benefits. Contracted payers can be obtained at greensboropediatricians.com

No insurance:

Greensboro Pediatricians offers a 20% discount for uninsured patients. Payment(s) made in full at the time of the visit, will receive an additional 5% discount. If you are unable to make a payment at time of service, we will arrange a payment agreement.

Account Balances:

If a balance remains on your account, you will receive a monthly statement. Statement balances less than \$20.00 will not be sent out. A check is mailed for any credit balances greater than \$20.00. *Credit balances* under \$20 will remain on your account and applied to future charges.

Outstanding accounts: A patient's account is considered past due if payment is not received within 30 days. After (3) past-due notifications, your account will be up for dismissal and sent to the collection agency. Please note, the physicians at Greensboro Pediatricians may not be able to continue providing care to your child(ren). Dismissed account statuses will be notified to the guarantor via certified mail. At that time, the account is open for 30 days for emergency appointments. Once an account is dismissed for collections you will not be reinstated into the practice.

Missed Appointment: A "No Show" fee will be assessed upon review of your account if appointment is not cancelled within the timeframe allotted. Three no shows, per family, within a twelve-month period may result in dismissal from the practice. Refer to Missed Appointment Policy.



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Greensboro Pediatricians accepts cash, personal checks, debit cards, American Express, Discover, Mastercard, VISA.

Returned checks will be charged a \$30 fee. You may also incur an additional charge issued by your financial institution.

Medical forms: All required fields must be completed prior to receiving a signature from the physician. Examples include school forms, sports exam forms, day-care, etc. are \$10.00. FMLA forms are \$25.00. Medical records are \$20 per child, and \$50.00 total for 3 or more.

Divorce: In the case of divorce or separation, the parent authorizing treatment for child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the one parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.