

# Hillsborough Pediatric & Adolescent Medicine, PLLC

## Office Financial and Privacy Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know our office policies in advance enables us to serve you better. Please read this notice carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. At every visit, please check in at the front desk and present your current insurance card. You may be asked to sign and date the file copy of the card. Presenting your card gives us consent to bill your insurance company on your child's behalf. If the insurance company that you designate is incorrect, you will be responsible for payment of that visit and for submission of charges to the correct insurance plan.
2. According to your insurance plan, you are responsible for any and ALL co-payments, deductibles, and co-insurances. **CO-PAYMENTS AND ANY OUTSTANDING BALANCE ARE DUE AT TIME OF SERVICE.**
3. It is your responsibility to understand your insurance plan. Not all services provided by our office are covered by every plan. Any service not covered by your plan will be your responsibility.
4. If our physician does not participate in your insurance plan or if you do not have insurance, payment in full is expected at the time of your office visit. Patients with high deductible plans will be required to pay \$100 at time of service. A refund will be issued if there is a result in overpayment.
5. We require a 24-hour notice for cancelling appointments. If 24-hour notice is not given, there will be a \$25.00 charge.
6. A \$25.00 fee will be charged for any checks returned for insufficient funds, plus any bank fee incurred.
7. We charge a \$10.00 fee to copy or transfer medical records.
8. We are happy to fill-out school, camp, or sport physical forms during a scheduled appointment with no additional charge. However, if forms are dropped off there is a \$10.00 charge due at that time.
9. In order to give our families better care, we provide a 24-hour nurse triage service for our patients. There will be a \$15.00 fee, which is not covered by insurance, for all after-hour nurse advice calls.
10. We do not submit to out-of-network plans. If you have an out-of-network plan, we will provide you with a receipt to submit for reimbursement.
11. Please call (919) 442-2419 with any questions regarding your bill.
12. Please call our nurse for questions or requests for prescription refills, as we must review your medical chart. Please contact us at least one week prior to taking the last dose of medication, and allow three business days to process your prescription.
13. If you need to contact our office after hours, please call our main number and you will be directed to our answering machine or our after-hours triage nurse.
14. Three or more no-shows (per family) for scheduled appointments, without calling to reschedule or cancel, will result in dismissal from the practice.
15. Please read our Notice of Privacy Practices. We will be happy to provide you a paper copy if you request. By signing below, you acknowledge that you have read and understood our privacy practices.

I have read and understand this office financial and privacy policy. I agree to comply and accept the responsibility for any due payment as previously outlined.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_