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## ***OFFICE POLICIES***

Welcome to Excel Pediatrics. We are honored that you have chosen us as your child's health care provider. Our mission is to provide your child with quality care in a child friendly environment.

**Office Hours:** For our Dunn location, our office hours are Monday –Friday from 8:00am to 5:00pm. We are closed for lunch from 12:00-1:00pm. Our Fuquay office is open Monday and Friday 8:30 am to 5:30pm, Tuesday and Thursday 8:30am to 6:30pm, Wednesday 8:00am to 12:30pm and Saturdays 9:00am to 2:00pm. Monday, Tuesday, Thursday and Friday the office is closed for lunch from 12:30pm to 1:30pm.

**Patient Information:** It is your responsibility to notify us immediately of any change in your name, address, telephone number(s), or health insurance plan(s). It is crucial that we have a way to contact you to confirm appointments and to notify you of any health problems we may diagnose.

**Cancellation and No Show Policy:** In respect for our staff and for other patients, we ask that you contact us as soon as possible and at least 24 hours in advance if you must cancel an appointment. If you fail to call in advance and do not show for your appointment, it will be considered as a "no show". **1<sup>st</sup> No Show:** The patient will receive a phone call informing them of their missed appointment and another missed appointment will result in a \$25.00 no show fee. **2<sup>nd</sup> No Show:** The patient will receive a letter informing them that they have missed 2 appointments without notifying the office and will be charged a \$25.00 fee. **3<sup>rd</sup> No Show:** The

patient will receive a letter informing them that their account has been flagged and another no show will result in dismissal from our practice and again will be charged a \$25.00 no show fee. Patients who no show to double appointments (bringing in two or more children at the same time) will be restricted from scheduling double appointments in the future. This will result in a \$25.00 no show fee for **each child**.

**Health Insurance:** Excel Pediatrics has agreed to file your insurance as a courtesy to you. In order to do this accurately as possible, we **MUST** see your child's insurance card at each visit and if you participate with managed care program, our physician's name **MUST** appear on the card. **If you do not have your child's insurance card at time of visit or another physicians name appears on the card, you may be asked to sign a waiver and leave payment at the time of visit or asked to reschedule that appointment.** We will not verify coverage by telephone or internet when you present your card for a visit. It is the parent's responsibility to have this information available to whoever is presenting the child for a visit (spouse, grandparent, nanny, etc.) We collect all co payments at the time services are rendered and file insurance on a daily basis.

**Financial Policy:** Payment is required upon Check In. If there is a balance on your account, payment is required prior to being seen again. As a courtesy, Excel Pediatrics will file your insurance for you; however, you are responsible for any amount not covered by your insurance: this is to include co pays, co insurance, deductibles, etc. that are considered non covered by your insurance company. These charges will be put to patient balance and are due immediately. If there are any problems with insurance claims it is the patient's responsibility to contact the insurance company and resolve the matter. Any claims after 30 days not resolved will be billed directly to the patient. If a patient comes to our office for a visit and does not have insurance, the patient will be required to pay for the visit of that day before being seen. 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.

**Charges for Copying Medical Records:** There will be a \$15.00 charge for copying all medical records to cover our expenses for processing and postage. Also, a signed HIPAA release of medical records form will be required before records can be released. There will be a \$5.00 charge for a copy of any immunization records requested. For any medical, physical, insurance, disability, etc. forms that the doctor needs to fill out and sign; there will be a \$10.00 charge with a 48- 72 hour period. If the forms are brought with you at the time of your physical or well exam appointment, there will be no charge.

**Separated/Divorced Families:** 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 is due at the time services are rendered. Subsequently, all charges deem parent responsibility by the contracted insurer is due to Excel Pediatrics 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 parents' responsibility to collect from the other parent. Excel Pediatrics will not act as a mediator in collecting our payments.

**Prescription Refills:** You may call in your request for a prescription refill to our medication line. All medications request are sent electronically except for ADHD medications. Those have to be picked up by the parent at the front desk. Please allow 48 hours for refills to be processed.

**Payment:** We gladly accept cash, checks, debit and credit cards (Visa and MasterCard only). Please note that we must verify funds in your account for all checks of a substantial amount.

**Returned Checks:** If your check is returned for any reason, a \$30.00 returned check fee will be assessed and we will no longer be able to accept checks from you. You will be required to rectify any payments due before your next appointment.

**Self Pay:** As a courtesy to our self pay patients, we offer a discount off our regular fee schedule, which is comparable to the reimbursement we receive from insurance companies. In return, we expect payment in full at the time of your office visit.

**Collection Policy:** Unless payment arrangements have been made, all “patient due” accounts (once your insurance company has paid its portion of claim) over 90 days old will be turned over to a licensed debt collection agency. In addition to being liable for your outstanding balance, any additional court cost and attorney fees that are required to collect your outstanding balance will be charged to you

**ATTENTION:**  
**NON COMPLIANCE WITH THIS POLICY MAY RESULT IN DISMISSAL OF CARE  
TO ANOTHER PRACTICE.**