



Corporate Office Policies

***Children's Health Raeford, Children's Health Fairmont
Children's Health Pembroke, Children's Health Fayetteville, Children's Health Lumberton***

The providers and staff of Children's Health of Carolina, PA want to thank-you for choosing us to provide care for your child. It is an awesome responsibility....one that we take very seriously. Our goal is to provide and maintain an excellent physician-patient relationship. Letting you know in advance our office policies allow for a good flow of communication and enables us to achieve our mutual goal....a healthy child that grows, thrives and is well. Please read each section carefully and initial. If you have any questions, please do not hesitate to ask a member of our staff. And again...welcome and thanks!

Appointments

- 1) Your family will be assigned a primary care provider of your choosing. We will do all in our power that when your child has an appointment, they see that provider.
- 2) We value the time that you have set aside to come to the office. We do not double-book appointments. If you are unable to keep a scheduled appointment, we would like a 24-hour notice if at all possible. Repeated failure to keep appointments may result in your family being discharged from the practice.
- 3) If you are late for your appointment, we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment or consider your child a 'work-in' patient and be seen by the first available provider. This will not change your child's provider.
- 4) We strive to minimize any wait time. Please note that emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding and patience. Patients are seen in this order: emergencies, scheduled appointments. Our providers will ensure that your child gets the time and attention that they need.
- 5) Before your child's well visit, check with your insurance company as to whether or not the visit will be covered as a healthy, well-child visit.
- 6) Just as in your family, things happen beyond our control in our family. If the provider your child is to see is not going to be in the office, we will give you as much notice as possible. We may need to reschedule your visit or have another provider examine your child. Do not worry, your child's provider will not change.
- 7) You will get a text about your child's pending visit. You may also receive a phone call. Please respond appropriately about the visit.

Referrals

- 1) An appointment must be scheduled prior to any needed referrals.
- 2) All referrals are made by our patient coordination representatives within 24-hours of your child's appointment.
- 3) It is your responsibility to know if a selected specialist participates with your health plan.
- 4) Please remember, we must approve all referrals before they are issued.
- 5) Please note that many specialists require the parent's date of birth as well as your child's social security number before making the appointment.
- 6) If a week has passed since your child's appointment and you have not heard from the specialist, please contact our office so we can investigate.

Insurance Plans

- 1) It is your responsibility to present your insurance card at each visit. Other forms of identification may also be requested. We understand that this may seem repetitive to you, but this ensures timely filing of your child's visit to your insurance company.
- 2) It is your responsibility to keep our office updated with your correct insurance information. If the insurance company you designate is incorrect or the information is not provided to us in a timely manner, you may be responsible for payment for the visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories. For example-
 - a. Not all plans cover annual well visits, sports physicals, or hearing/developmental testing. If these are not covered, you may be responsible for payment of those services.
 - b. For children two-years of age and older, there may be a limit as to the number of well visits allowed per year. If that number is exceeded, your insurance will not pay and you may be responsible for the payment.
- 4) It is your responsibility to know if a written referral or authorization is required to see a specialist, whether preauthorization is required prior to a procedure being performed and what services are covered.
- 5) It is your responsibility to complete any and all documentation that is required by your insurance plan such as a questionnaire. Failure to complete the documentation in the required time may result in you being responsible for payment of services.

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and co-insurances prior to services being rendered.
- 2) Co-payment are due at the time of service. A \$25 service fee will be charged in addition to your co-payment if the co-payment is not paid by the end of the business day services are rendered.
- 3) Self-pay/no insurance patients are expected to pay for services in full at the time of the visit. An estimated amount may be requested prior to services being rendered.

- 4) If our office does not participate in your insurance plan, payment in full is expected from you at the time of your child's visit. We will provide you with an invoice that you can submit to your insurance company for reimbursement.
- 5) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within ten (10) business days of your receipt of your bill.
- 6) If previous arrangements have not been made with our finance office, any account balance outstanding longer than 28 days will be placed in collection status. If your child/family account is in collections, we cannot see any of your family members unless half of the past balance is paid as well as the anticipated cost of the day's visit.
- 7) If you participate in a high-deductible health plan, we will require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file. You may be treated as self-pay and then reimbursed for any money sent from your insurance plan.
- 8) We accept cash, most major credit cards, and debit cards. We have stopped accepting any checks for payment.
- 9) Refunds of more than \$10 are processed week and checks are mailed. Outstanding credit balances of less than \$10 will remain on your child's account for use at a later time. Any uncollected credit balances will be sent annually to the North Carolina Escheat Division.
- 10) Any refunds to your child's insurance company due to incorrect billing or overpayment will be processed within one week.
- 11) We will file claims for those insurers that we are contracted with. We accept the contractual write-off (adjustment) based on your primary insurance. Once we have received instruction from your insurance company, you will receive a bill for any outstanding balance. You will then be responsible for that balance.
- 12) For patients that do not have insurance, we do offer a discount of 25% if the visit is paid in full on the day of the visit (with no prior balances/debts on patient or siblings associated accounts). Please make arrangements with our staff if you plan to utilize this.
- 13) We offer a sliding-fee for patients that qualify. Please discuss this prior to the day of the visit if possible.
- 14) Our Lumberton office is open nights, weekends and most major holidays. Please note that there is a \$35 fee for seeing patients after-hours (4:45p.m. M-F and 9:00a – 11:00a Saturday/Sunday/most major holidays). If your child's insurance does not cover this fee, you will be responsible for the balance. During these 'emergency hours', your child will see the first available provider. (After-hour appointments are by appointments only, Saturday/Sunday appointment are walk-in only no appointments needed)
- 15) We will bill the charge for the visit to the parent/legal guardian that we have on-file. If there are custody issues, it is expected that the parents will resolve any issues. We will follow any provided legal documents as directed until rescinded or replaced.

Forms

There is not charge for the initial forms generated during your child's visit. This is considered part of the visit. However, should you lose your form or require additional forms, there will be a charge of \$5 per form that is paid prior to picking them up. We require a 3-day turnaround time for all forms. Forms include FMLA, school-related forms and IRS-related forms. We must insist

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that the parent/guardian portion of the form be completed before our staff completes the medical portion.

Transfer of Records

If you transfer to another physician's office, we will provide a copy of your child's last visit to the office, free of charge, as a courtesy to you. We may need 48-hour notice. If you require the entire chart to be transferred, we use a third party to copy and send the records. You will receive a separate bill for this service. We can only provide records of your child's visits within our offices. For any other records (from other physician offices and specialists that your child may have seen), you have to request them send the records.

Prescription Refills

For any medication refills, we require a 48-hour notice during regular office hours. Please plan accordingly. Controlled medications (such as those taken for ADD/ADHD) may take slightly longer due to regulations.

Inappropriate Behavior

It is our desire to have a professional relationship with your child and family. This relationship is key to providing the quality of care that you and we expect. Because of this, the providers and staff of Children's Health of Carolina, PA must strictly prohibit any verbal use, inappropriate language, physical abuse or threats from any family member. **This behavior will lead to immediate termination of your entire family from our practices and we will pursue legal action if warranted.** If we did not exceed your expectations with the services rendered, we would ask that you complete a satisfaction survey or speak with someone in administration.

Treatment of Minors

The State of North Carolina mandates that we treat minors for certain conditions without the consent of their parents/legal guardians. Such conditions include family planning and sexually-related conditions (certain vaccines, sexually transmitted diseases, birth control and pregnancy testing). Due to the law, we cannot disclose any information concerning the visit without the consent of the minor. Under these circumstances, do you permit your child to use your insurance? Yes_____ No_____

Immunizations

We are a pro-vaccine organization and follow the guidelines established by the Centers for Disease Control and the American Academy of Pediatrics. To become established and remain a patient of Children's Health of Carolina, PA, we mandate that our patients follow the guidelines established by the aforementioned organizations. We mandate the vaccines for the safety of our providers, staff, other patients and your child. We recognize religious beliefs but unless there is a medical condition of your child or someone living in your household, we give no exceptions to this rule.

HIPAA

Our providers and staff follow guidelines established by the federal government regarding the protection of your child's medical record. We will request that you assist us with this protection by completing our HIPAA forms annually (or more often if changes are required) and completing a transfer of records authorization form if necessary.

Patient Portal

Children's Health of Carolina, PA utilizes a patient portal that is a new and vital way for you to communicate with our providers and staff regarding the care of your child. You can request a refill of a medication, ask a question or make an appointment through the Athenahealth's patient portal. Ask any staff member or provider for additional details. **For use of this portal, we must have a valid email for you.**

Social Media Policy

The providers and staff of Children's Health strive to not only provide your family with high-quality health care, we want to provide the care in a "patient-centric" environment. This means that we want your patient experience with us to be high quality. From the time you call the office until the time that you arrive at our check-out area after your visit, our providers and staff work to make sure you have as a pleasant experience as going to the doctor's office can be. Despite all of our efforts, we understand that there will be occasions where we fall short of your expectations. When this happens, we know the tendency today is to go on social media to vent your frustrations. If you do this, we may not even see your post...making it impossible for us to investigate the situation to reduce the chance that such an incident does not happen again. If you see opportunities for our providers and staff to improve, please either complete the survey that you receive electronically after your visit or call and ask to speak to one of our office managers directly. We take these matters seriously and always welcome constructive feedback.

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Items that are required at each visit

There are certain items that we will request to see at each visit, regardless of why your child is being seen. These items include the following-

- Valid photo ID of parent/guardian with accurate home address
- Insurance/Medicaid card
- Parent's and child's social security number (we will require this only one time if on file)
- Co-payment (if applicable)
- Telephone number to best reach you
- Any paperwork that is required to be completed at the time of the visit

I have read and understand these office policies and agree to comply with them by my initials. I hereby assign all medical and surgical benefits and will direct my insurance company to pay for services rendered promptly. I also understand that I am responsible to pay for any amount not covered by my insurance.

Patient Name: _____

Responsible Party Name: _____ **Relationship:** _____

Responsible Party Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Upon completion, we will provide you with a copy of this document for your records. The original will be scanned into our electronic health record and then destroyed.