

Insurance and Billing 101

We have developed this informational sheet to help our families know what to expect at the time of your visit. We welcome questions and are happy to assist you as needed.

The providers of Carolina Kids Pediatrics follow the AAP recommendations for regularly scheduled checkups and up-to-date vaccine administration. These visits may include services such as, but not limited to; routine labs, hearing or vision screens, illness evaluation, or chronic condition follow-ups. These additional services may be subject to your insurance plan co-pays, deductibles, or co-insurances, even if you have 100% preventative care coverage.

Know your Insurance:

- **KNOW YOUR PLAN.** Be sure that we are a listed provider with your specific plan choice. For example, although we DO accept plans through most major insurance companies, **they may have some closed plans with further in network restrictions.** Your financial responsibility may be higher for out of network visits.
- **KNOW YOUR CO-PAY** and be aware of deductibles, co-insurances and the terms to which they apply.
- **KNOW THE EFFECTIVE DATE** of your current plan and **BRING YOUR CARD EVERY TIME...**(or send a copy if someone else is bringing your child), including children arriving on their own. (If under 18 yrs old and unaccompanied by an adult, also send a written signed note to evaluate and treat). Alternately, we accept faxed insurance card copies.
- If your insurance card is not available we may not have enough information to file your claim at time of service.
- Once we receive your card, you are responsible for notifying us if you need prior visits back-filed.
- All insurance companies have timely filing limits, some as short as 90 days. Keep in mind that we require a 5-day allowance from the receipt of your card to file your claim. We do not file claims past the timely filing limits as contracted by the insurance company.

Medicaid and NC Health Choice: We **MUST** be the assigned provider listed on your card or you may be asked to reschedule. Medicaid and NC Health Choice will not issue payment to unlisted providers.

Do You Have More Than One Insurance Policy?

- Insurance companies determine the primary insurance plan. Neither you nor your provider is allowed to choose which policy you will use as primary or secondary. If you are unsure which policy is PRIMARY you must contact your insurance company or companies to clarify.
- Please provide your PRIMARY private insurance policy only. We do not file SECONDARY insurance unless it is Medicaid. Providing incorrect insurance information could result in insurance processing errors that could delay or prevent future resubmission to the correct policy due to timely filing constraints.

Charges:

- On rare occasions, a telephone diagnosis may be made and you may be offered the option to have a prescription called-in to avoid an office visit. The fee for a telephone diagnosis with a prescription called-in is \$20. This is NOT filed to your insurance and is NOT covered by insurance plans. You will be billed.
- We do not charge for missed appointments. However, if you have 3 or more missed appointments within your family, you may be discharged from the practice.
- Weekend visits include an additional weekend fee. (Initial newborn hospital visits are excluded from this)

Payments:

- Co-pays are DUE AT TIME OF SERVICE. If you are not accompanying your child, please send your co-pay with the person bringing the child. Payment may also be made by phone. We prefer not to "bill" for co-pays.
- One parent **MUST** accept responsibility for balances and co-pays and provide a street address and, if different, a billing address. You **CANNOT** sign for someone else to be responsible. In situations involving divorce or separation, court decisions are to be worked out between the private parties. We do not get involved in enforcing family legalities.
- A Short-Term Payment Plan is available on request for those who are unable to pay in full.