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Medicaid Financial and Insurance Policy

Pediatric Possibilities, P.A. is committed to providing you with the best possible care and we are pleased to discuss our professional fees and policies with you at any time. Your clear understanding of our Medicaid Financial and Insurance Policy is important for our professional relationship between provider and client. Please contact the office if you have questions about fees, insurance, or your financial responsibility. **Initial** to consent to the following:

- _____ **PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE.** Medicaid policies often cover the full cost of Occupational Therapy services; however, some fees may apply based on your Medicaid plan. The adult accompanying a minor at the time of service is responsible for full payment. For unaccompanied minors, the parents or guardians are responsible for full payment. We accept cash, check, health savings accounts, flexible spending accounts, and all major credit cards.
- _____ Pediatric Possibilities, P.A. reserves the right to change/cancel your regular scheduled appointments due to inconsistent attendance, as inconsistent attendance is considered a “Barrier to Progress” per Medicaid Policy. Three (3) or more consecutive missed appointments may result in either forfeiture of your recurring scheduled appointment time or termination of service. (refer to Attendance Policy for more information)
- _____ Pediatric Possibilities, P.A. is an in-network provider for North Carolina Medicaid and South Carolina Medicaid. It is the client’s responsibility to notify Pediatric Possibilities, P.A. of any changes to your insurance coverage, including loss of insurance, lapse in insurance coverage, and change in Medicaid plan. Pediatric Possibilities, P.A. requires a copy of your Medicaid card along with any other health insurance information prior to rendering services. You will be responsible for payment of denied services if you fail to notify Pediatric Possibilities, P.A. with changes in your Medicaid policy prior to a rendered service(s).
- _____ Medicaid is a payor of last resort. If the client has any other insurance in addition to their Medicaid insurance (including commercial, state, or federal insurance), it is the client’s responsibility to notify Pediatric Possibilities, P.A. You will be responsible for payment of denied services if you fail to disclose other insurance coverage to Pediatric Possibilities, P.A. prior to a rendered service(s).
- _____ I authorize Pediatric Possibilities, P.A. to release medical information required to process my insurance claims.

Services and Fees – Initial to consent to the following:

_____ **Evaluation Fee:** \$300; This includes a 60-minute evaluation and written report

_____ **Treatment Fee:** \$140 for 60 minutes, \$105 for 45 minutes, and \$70 for 30 minutes

_____ **Parent Conference Fee:** \$140 for 60 minutes, \$105 for 45 minutes, and \$70 for 30 minutes. A parent conference is not billable to insurance.

_____ **Missed Appointment or Late Cancellation Penalty:** Potential forfeiture of therapy services.