



7209 Creedmoor Rd. Suite 101
Raleigh, NC 27613
Office 919.844.1100 • Fax 919.844.1102
Office@PediatricPossibilities.com

Financial and Insurance Policy (Private/Commercial)

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 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.** 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.
- _____ A Missed Appointment (No Show) or Late Cancellation (an appointment canceled less than 24 hours prior to the appointment time) will result in a fee (\$50 for late cancellation and \$160 for Now Show). Refer to Attendance Policy for more information.
- _____ Insurance is a contract between you and your insurance provider, as Pediatric Possibilities, P.A. is out-of-network with commercial insurance. You are responsible for payment to Pediatric Possibilities, P.A. for rendered services at the time of the appointment. As the policy holder, you are responsible to know the benefits of your insurance plan (i.e. deductible, reimbursement rate, allowable visits per policy year). Pediatric Possibilities, P.A. will file claims to your insurance company if applicable. This is a courtesy service that Pediatric Possibilities, P.A. provides but is not a guarantee of insurance payment. You should expect to receive an Explanation of Benefits from your insurance company itemizing each claim. It is your responsibility to monitor the status of these claims, as Pediatric Possibilities, P.A. is not privy to this information as we are an out-of-network provider.
- _____ Pediatric Possibilities, P.A. requires a copy of your insurance card in order to bill to your insurance company.
- _____ Pediatric Possibilities, P.A. requests all insurance carrier/policy number changes to be submitted to Pediatric Possibilities, P.A. in a timely manner. If your policy number and/or carrier has changed, you must submit to Pediatric Possibilities, P.A. in a timely manner, or your account may incur a \$75 claim refile fee. *This \$75 fee may be incurred if a claim needs to be refiled for benefit reconsiderations.
- _____ Clients can be charged for other services performed and/or provided by Pediatric Possibilities, PA. These services will be billed as Consultation Services at a rate of \$160 per hour. These services include but are not limited to, preparation of written reports, phone calls, emails, collaboration with other professionals, etc. These charges will be billed directly to the client and will not be billed to insurance as these services are not covered by insurance.
- _____ I authorize Pediatric Possibilities, P.A. to release medical information required to process my insurance claims.

Filing claims to Insurance – Please initial below to allow Pediatric Possibilities, P.A. to file all medical claims to your insurance company on your behalf.

_____ I authorize Pediatric Possibilities, P.A. to file all medical claims to the insurance company, on file, on my behalf.

_____ I DO NOT authorize Pediatric Possibilities, P.A. to file medical claims on my behalf and will be listed as self pay.

Services and Fees – (This serves to comply with all Good Faith Estimate requirements) Any additional fees will be discussed and agreed upon prior to implementation. Initial to consent to the following:

_____ **Evaluation Fee:** \$425; This includes a full evaluation and written report

_____ **Re-File Fee:** \$75; This is to re-file claims when insurance changes are not submitted in a timely manner and/or claims that need to be refiled for benefit reconsiderations.

_____ **Treatment Fee:** \$160/hour

_____ **Caregiver Consultation Fee:** \$160/hour **Consultation fees are not billable to insurance.**

_____ **Missed Appointment or Late Cancellation Fee:** \$160 for missed appt. and \$50 for late cancellation

_____ **Consultation Fee:** \$160/hour (This fee is incurred for meetings with schools, teachers, therapists, etc.)
Consultation fees are not billable to insurance.

By signing below, I acknowledge receiving this policy and fee schedule prior to services rendered and understand that I am responsible to pay for services rendered and agree to this policy.

Client Signature (Parent or Guardian if Client is a minor)

Date

Print Parent or Guardian Name

Client's Name