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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 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 or Late Cancellation (an appointment not canceled 24 hours prior to the appointment time) will result in a fee of \$50. This fee does not apply to client's with Medicaid. 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. is in-network with North Carolina and South Carolina Medicaid. We need 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).
- _____ 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 Fee*:** \$50 (*Fee does not apply to clients who have Medicaid.)