

BLUE RIDGE PEDIATRIC & ADOLESCENT MEDICINE, INC.

FINANCIAL POLICY

Revised 01/01/07

Current insurance cards must be presented at each visit. Guarantor will be responsible for all charges if valid insurance card is not presented.

MANAGED HEALTH CARE PLANS – Blue Ridge Pediatric & Adolescent Medicine, Inc currently has contracts with the following managed health care plans:

BCBS (All Plans)	Tricare	Health Care Savings
CCN	MedCost	PHCS
United HealthCare	CIGNA (all plans)	Primary Physician Care

Payment of **ALL** copays, deductibles, and charges for non covered services are expected at time services are rendered. Any unmet deductibles or co-insurances must be paid upon receipt of first billing statement.

MEDICAID/CAROLINA ACCESS - All services rendered are filed to NC Medicaid provided there is a current Medicaid card with Carolina Access to Blue Ridge Pediatric & Adolescent Medicine, Inc. Unfortunately, we cannot serve Carolina Access patients assigned to another provider's office without authorization. **If a valid Medicaid card is not furnished at the time of service, patient will be responsible for charges.** If your Medicaid card shows another insurance carrier, you are required to present proof of other insurance at the time of services.

STATE HEALTH PLAN - We are a provider for all of the plans administered by the State Health Plan. Their fiscal year is July 1 - June 30. The copay listed on your insurance card is required upon check in and any unmet deductibles or co-insurances must be paid in full upon receipt of first billing statement.

ALL OTHER INSURANCE COMPANIES - As a courtesy to our patients, we file claims for all insurance companies. However, because Blue Ridge Pediatric & Adolescent Medicine, Inc., is not providing insurance coverage or acting as an agent of the insurance company, any disparities on claims reimbursements must be handled between the patient and the insurance company. The patient will be responsible for payment on the account until any problems are resolved.

Uninsured patients will be required to pay for the office visit upon check in. Additional charges for prolonged services, labs, and/or procedures will be billed to the guarantor and must be paid in full upon receipt of the first billing statement.

All insurance claims left pending after 60 days will become the insured's responsibility. We will gladly assist in resolving any disputes regarding insurance payment, however it is up to you to contact the insurance company with respect to non-payment.

UNPAID ACCOUNTS OVER 90 DAYS WILL BE REPORTED TO A COLLECTION AGENCY. HEALTHCARE SERVICES FOR THE PATIENT WILL BE TERMINATED AT THAT TIME.

Due to recently enacted Federal Guidelines we will no longer be able to extend professional courtesies without determining a financial hardship that prevents payment for services. Please contact the Billing Department regarding payment issue.

Any questions regarding your account with Blue Ridge Pediatric & Adolescent Medicine, Inc., should be directed to our insurance and billing department.

Patient Name

Guarantor Signature

Patient date of birth

Date signed