



Main Office - Raleigh Location
3124 Blue Ridge Road, Suite 102
Raleigh, North Carolina 27612
Office Number: (919) 782-0021

NEW Brier Creek Location
10208 Cerny Street, Suite 104
Raleigh, North Carolina 27617
Office Number: (919) 226-0662

Patient Billing & Financial Policy

As a courtesy, Blue Ridge Pediatrics, LLP will file a claim for all services to your insurance. Therefore, at registration, you will be asked if your insurance information is still the same and will be asked to sign a form verifying that it is. It is your responsibility to assure we have your most current insurance information and to notify us of any changes.

It is also your responsibility as the guarantor to verify that Blue Ridge Pediatrics, LLP is a participating provider with your insurance company and to be familiar with your plan benefits (i.e. Deductibles, Co/payments, In and Out of Network costs).

To summarize, you will be responsible for a bill if:

- The service is not a covered benefit
- Your insurance company requires you to pay deductibles
- Co-payments and/or co-insurance are required by your insurance company

You will be charged a No Show fee of \$30.00 for any cancellation without notification within 24 hours of a well visit or 1 hour of a sick visit. This applies to **ALL** patients.

Also, **ANY** and **ALL** patients that have 3 No Shows will be Terminated from the practice. This applies to **ALL** patients including Medicaid Carolina Access patients.

For all patients who must pay all of their health care bills, we accept cash, check, MasterCard, Visa and Discover. You will be expected to pay any deductible, co-payment, No Show fees, and/or any charges not covered by your insurance.

Upon receipt of a billing notice showing your balance due, you are expected to make payment in full or call us if you have any questions or need assistance understanding your bill.

To ensure timely receipt of your account information, please contact our Billing Department whenever your billing address changes.

The legal guardian or the guarantor in whom the child is covered under their insurance is responsible for payment of the services rendered.

Guarantor (*signed*)

(*print name*)

Date