

# COASTAL PEDIATRIC ASSOCIATES

## Financial Policy

Thank you for choosing Coastal Pediatric Associates (CPA) to care for your child. The following is a summary of our financial policy for you to review and sign annually. This information is also available on our website at [www.cpakids.com](http://www.cpakids.com).

### Insurance

- As a courtesy to our patients we file insurance claims to your primary and secondary insurance company when we are a participating provider.
- It is your responsibility to bring your current insurance card to every visit. If we do not have current insurance on file we will directly bill you until we receive the correct insurance information.
- If an insurance company denies payment for incorrect or incomplete information provided by you or for noncovered services, you will be expected to pay for services in full.
- Co-payment, deductibles and coinsurance is due at time of service. It is your responsibility to know the terms of your insurance coverage, including **well-exams visits, immunizations, procedures, lab tests and medication check visits**.
- If we do not participate in your insurance policy be aware your benefits may be reduced.
- We do not file school or automobile insurance.
- There will be an additional \$30 charge to all visits on Saturdays and Sundays.

### Self-Pay

Simple and transparent rates for patients choosing to pay cash for their visit.

- Well visit, \$120
- Sick visit, \$150
- Medication Check (for established patients only), \$100
- Follow-up visit within 5 days of last visit, \$75
- In Office lab test and screenings are included in visit rate.
- Payment for all visits will be collected when scheduled or upon arrival in clinic.

*Exclusion/additional charges: All vaccines: \$20 each; Depo-Provera and Bicillin: \$100 each injection*

### Immunizations

- The immunizations given and administration fees will be billed to the child's insurance. If charges are not paid by insurance within 45 days, you will be financially responsible for the balance on the account. If you choose to pay out-of-pocket for the immunizations given then a minimum of 50% of the balance must be made at the time of service.
- In some instances, our providers may agree to alter the recommended immunization schedule with:
  - An approved written plan for routine childhood immunizations is required for every child if the parent prefers to follow an alternative schedule. The mutually agreed upon plan will become part of the child's medical record.
  - A signed statement from the parent stating understanding that your child is not being immunized according to the recommended immunization schedule is required in the documentation of the agreed upon alternate plan.
- Variations from the recommended immunization schedule may require additional provider visits to the office and may require additional insurance co-pays or deductibles. Some insurance companies will not pay for additional visits due to split vaccinations.
- Every child is to be seen and evaluated by a provider on the same day any vaccine or injectable medication is given.

### Payments

- Both parents will be responsible for all charges regardless of divorce or separation decree.
- Patients are expected to pay for all estimated co-pays, deductibles, and coinsurance at the time of service as required by your insurance company.
- Patients may receive a monthly statement for any unpaid services.
- We accept Cash, Check, Money Order, Visa, MasterCard, Discover and American Express. Please visit our website and patient portal at [www.cpakids.com](http://www.cpakids.com) to view your statement, make a payment and update account information or to ask our Billing Team a question.
- **All balances eligible for collections have received 3 statements and are subject to a \$10 collections fee.**
- The returned check fee is \$30. If we have received a returned check on your account we will no longer accept a check from you.
- We require 24 hour notice if you wish to cancel and reschedule your appointment; a \$20 fee may apply if you are a no show.
- Patients **under the age of 16** must be accompanied by a parent, legal guardian or an authorized individual.

### Termination/Discharge from Practice

- The following scenarios may jeopardize the patient/physician relationship in which Coastal Pediatric Associates will terminate and discharge the patient from the practice. The patient or parent/guardian will be sent a letter of discharge.
  - Noncompliance or abuse
  - Excessive no shows
  - Failure to meet financial obligations

Please contact our Billing Department if you have any questions concerning the CPA Financial Policy at 843-284-4682 or by sending a message through our patient portal by visiting our website at [www.cpakids.com](http://www.cpakids.com).