

Raleigh Pediatric Associates-Financial Policy

Welcome to Raleigh Pediatric Associates! We are glad you've chosen us as your child's pediatrician and strive to give your children the best in medical care. We understand that in addition to feeling comfortable with your child's physician, many parents have concerns about the financial policies of the practice. This information is designed to answer frequently asked questions.

It is extremely important for you to understand the financial policies that will affect your family. Please take time to review and contact our Accounts Receivable Department at 919-872-0250 ext. 590 for questions or clarification.

To view this policy and additional information, including your financial rights and what to consider before choosing an insurance plan, please visit our website.

CONTRACTED INSURANCE PLANS

ACA EXCHANGE PLANS

- AETNA NC Connected Care Plan**
- BCBS All Copay Plan**
- CIGNA CONNECT**
- UHC COMPASS**
- UHC Advantage, Value, Saver and Essential**
 - **Gold, Silver, Bronze and Platinum**

AETNA (Including First Health Network)

BLUE CROSS & BLUE SHIELD of NC

- Including:** **BCBS NC State Employees Health Plan**
BCBS Federal Employees Health Plan
- Exception:** **RPA does not participate in the BCBS High Performance Network**

CIGNA HEALTHCARE (Exception: RPA does not participate with Cigna Indemnity plans)

MEDCOST PPO

UNITED HEALTHCARE

WAKE MED EMPLOYEES via Contigo Health

MEDICAID

- NC Medicaid Direct (Medicaid and NC Healthchoice)**
- Wellcare Medicaid**
- UHC Community Plan Medicaid**

RPA ONLY ACCEPTS MEDICAID PATIENTS WHO MEET THE FOLLOWING:

- **New patients FOUR months of age and younger**
- ***Established patients and their **siblings**

***A patient is considered established only if they have been seen by one of our physicians in the last 3 years and have not transferred out of the practice.**

****Siblings include Adopted, Foster and Legal Guardianship**

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1. Raleigh Pediatric Associates has agreed to file insurance for patients who participate with our contracted insurance plans. If you participate with a managed care program, one of our physicians' names must be listed as your PCP.
2. According to your insurance plan, you are responsible for any and all co-payments, deductibles coinsurances or non-covered services.
Copayments are due at the time of service.
3. Our relationship is with you and your children, not your insurance company. While we will file claims to your insurance as a courtesy, all charges are strictly your responsibility. Therefore, it is necessary for you to know what benefits your insurance plan provides you.
4. It is your responsibility to keep us updated with your correct and current insurance information. If the insurance company you designate is incorrect and one with which we do not participate, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement. If we do participate with your insurance and are within timely filing limits, we will file the claim as a courtesy; however, you will still be responsible for the balance until the claim is paid.

SELF PAY PATIENTS

1. Payment in full is due at the time services are rendered.
2. Self-pay patients, who pay in full at their visit, will be given a 15% discount.
3. If payment is not made at the time of service, the 15% discount will be voided and the entire amount will be due immediately.
4. If we do not participate with your insurance company, you will be considered a self-pay patient. We will not accept payment from your insurance for services performed or apply their adjustments. We will provide you with an itemized bill so that you may submit the charges to your insurance for reimbursement.
5. Continued non-compliance with payment in full upon checking out may result in termination of care.
6. If you are uninsured, self-pay or don't plan to submit your claim to your health plan, we can provide you with a "good faith estimate" of your charges prior to receiving services.

BALANCES/PAYMENT PLANS

1. Patient balances are due immediately at the time of service, upon receipt of your insurance plans explanation of benefits, or by the due date on your statement.
2. A monthly statement will be sent to you detailing unpaid charges. If you have questions, please contact your insurance company.
3. Discrepancies with your insurance's determination of your responsibility must be handled between you and your insurance company. In rare cases we will contact your insurance if you have been led to believe there was an error on our part. However, we need a name and reference number along with the name of the insurance representative you spoke to.
4. We are happy to help our families when the need exists. However, continued non-compliance with any payment arrangements made with our office may result in termination of care.

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SPECIAL CHARGES

1. After Hours- There is an additional charge for visits after our regularly scheduled appointments. These most likely would be requests for care after 5:00 pm Monday-Friday; for Saturday and Sunday visits and for visits on office holidays when we have limited staffing. (Good Friday, Memorial Day, 4th of July, Labor Day, Friday after Thanksgiving).
2. Outside Lab charges- If lab work needs to be sent to an outside laboratory, you will receive a separate bill from that lab. Make certain you apprise our medical staff IF your insurance requires that lab work be sent to a specific vendor.

SEPARATED/DIVORCED SITUATIONS

1. A copy of this policy in its entirety is available upon request.