



Carolina Pediatric Group Financial Policy

IT IS IMPORTANT THAT YOU TAKE THE TIME TO REVIEW THIS POLICY

1. All new patients must complete our patient forms prior to being seen. Established patients must provide the office with any insurance changes prior to being seen.
2. Medicaid patients are required to present the current months' card to our office at each visit. Those who fail to bring in their card will be required to pay at time of service or be rescheduled.
3. Please be aware of your insurance benefits. Your insurance policy is a contract between you and your insurance carrier. It is your responsibility to be aware of your insurance company's provision for payment of office visits, well-child visits and immunizations, co-payments, deductibles, and co-insurance. Failure to pay your co-pay at the time of your visit will result in a \$5 billing fee being added to your account.
4. Unless a Financial Agreement has been made, self-pay payments are due at time of service. You may call Denise at 910-321-7337 to arrange financial agreements if you are unable to pay at time of visit.
5. For the convenience of our patients, we accept cash, checks, money orders, Visa, and Mastercard. Payments may also be made by credit card via the telephone.
6. All returned checks will be charged a \$25 returned check fee. After two returned checks, we will no longer accept personal checks on your account.

Our billing office is available during office hours to discuss our charges, insurance questions, the status of your account, and to help you with any billing or insurance questions. For your convenience, you may email questions to cpginsurance@embarqmail.com or call **910-321-7337**.

**I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE
TO THE TERMS LISTED ABOVE.**

Parent/Guardian signature: _____

Date: _____

Patient : _____