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| A black and white drawing of a person with a mustache  Description automatically generated with low confidence | Concord Children's Clinic1040 Vinehaven Drive · Concord NC 28025Phone: 704-784-1010 · Fax: 704-784-1013 |

**Billing Policies**

**INSURANCE**

* We participate in most insurance plans, including Medicaid.
* Patients must have a copy of their current insurance card(s) on file with the clinic to ensure timely payment, this is part of your contract with your insurance company. It is your responsibility to understand your insurance benefits and services.
	+ Does your plan cover well visits?
	+ Does your plan cover sick visits?
	+ Are there restrictions to vaccine coverage?
	+ What is your copay & deductible for well and sick visits?
	+ What coverage does your insurance have for in-office labs?
	+ What coverage does your insurance have for after-hours care?
* We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility regardless of whether your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company, we are not a party to that contract.
* If your coverage changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim due to unreported changes, you will be held responsible for the unpaid balance.
* If Health Share program payments are not received in our office within 60 days, the amount will be transmitted to patient responsibility, and you will be required to make payment arrangements.
* If you have Medicaid, Concord Children’s Clinic should be assigned the PCP (Primary Care Provider) on your card. The front desk has paperwork for you to fill out to change the PCP if required.

**PAYMENTS**

* Full Payment (Co-Pays & Deductibles) are due at the time of treatment. We accept Cash, Checks & Credit Cards (MC & Visa Only). Failure to provide payment at check-in may result in your appt being rescheduled. Please note, your copay and deductible is set by your insurance carrier not by the clinic.
* If your insurance carrier considers us “out of network” or does not participate with us, you are responsible for payment in full at time of service.
* If you do not have insurance, you will be considered a “self-pay” patient. Self-Pay patients will be given an estimate of what will be due for all services performed in the encounter. Payment is due at the beginning of the visit.
* If you have financial hardship or are unable to pay your bill, please contact our billing dept. at 704-784-1010. A payment agreement may be made available. Any past due balance that cannot be paid may be turned over to a collection agency after 90 days.
* Any separate bills received from lab, x-ray, or other diagnostic services from another facility is the full financial responsibility of the patient.
* Any concerns besides well visit issues during a well visit may require separate coding and therefore may have an additional charge.

**ANNUAL WELL CHILD CHECKS & ADDITIONAL CHARGES**

* Standard Well Child Check Visits Include:
	+ Height, Weight, BMI (Body Mass Index) 3yr+, Head Circumference (baby’s)
	+ Check body parts & systems.
	+ Discuss age related expectations and guidance.
	+ Discuss age-appropriate nutrition.
	+ Discuss schooling (if age appropriate)
	+ Fill out forms for daycare/school/sports.
	+ Refill medication if required.
* Any concerns you may have during a well child check that does not pertain to standard check-up visit screenings or evaluations that you may behind on will be billed as an additional separate and additional charges. *(Examples: headaches, stomach pains, psychological/school problems, ADHD issues, Asthma, Chronic conditions.*

**NEW BORNS**

* Your first newborn visit is a well visit should be 1-3 days after hospital discharge.
* Please make sure to add your newborn to your insurance plan within 30 days of birth.

**NON-CLINIC SERVICES**

* We charge for all services/procedures performed by our providers.
* Please be aware that if any outside labs or x-ray services are required, you will receive a separate bill from those facilities.

**DIVORCE**

* In the case of divorce or separation, the parent authorizing treatment for the child/children will be the parent responsible for all charges.

**FORMS**

* Please be aware that various forms (based on your insurance) may have fees associated with them. These fees are due prior to the forms being processed.