



Concord Children's Clinic
1040 Vinehaven Drive NE, Concord NC 28025
Phone: 704-784-1010 Fax: 704-784-1013
www.ConcordChildrensClinic.com

PATIENT FINANCIAL RESPONSIBILTY POLICY

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.
- 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 whether or not 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 HealthShare 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.

PAYMENTS

- Full Payment (Co-Pays & Deductibles) are due at the time of treatment. We accept Cash, Checks & Credit Cards (MC & Visa Only).
- 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. 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 are the full financial responsibility of the patient.
- **Any concerns besides well visit issues (immunization & preventative care services) during a well visit may require separate coding and therefore may have an additional charge.**

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.