

Jeffers, Mann & Artman Pediatric and Adolescent Medicine, P.A.

Raleigh Office

2406 Blue Ridge Rd.
Suite 100, Raleigh, NC 27607
(P) 919-786-5001 (F) 919-786-5051

Cary Office

530 New Waverly Place
Suite 115, Cary, NC 27518
(P) 919-852-0177 (F) 919-852-0175

Clayton Office

555 Medical Park Place
Suite 208, Clayton, NC 27520
(P) 919-359-3500 (F) 919-359-3501

Wake Forest Office

110 Capcom Avenue
Suite 202, Wake Forest, NC 27587
(P) 919-453-5363 (F) 919-453-5366

Holly Springs Office

2116 Werrington Drive
Holly Springs, NC 27549
(P) 919 586-0050 (F) 919-586-0055

1. HIPAA Notification

Our practice has implemented the Health Information Portability and Accountability Act to protect in the privacy of the patient health information. In your absence we will request from the person with your child some form of photo ID for comparison to your child's patient profile that you have completed giving specific persons permission for Consent for Treatment and Patient Health information. If the person with your child is not listed on the Patient Profile, our office will be contacting you. As well, anyone other than the parent picking up prescriptions, forms or any other information on your child will also need to present photo ID.

2. Current Information

As a patient at Jeffers, Mann, & Artman Pediatric and Adolescent Medicine, P.A./Clayton Pediatrics and Adolescent Medicine, you are required to notify our staff of any changes in your patient information, such as insurance, benefits, employer, patient name, home address and/or contact numbers. You will be asked to present your current insurance cards at each appointment.

3. Payment at Time of Service

If your insurance plan requires you to pay a co-payment, it will be collected during check-in. Patients that fail to bring their co-pay on two or more occasions may be required to reschedule their non-urgent appointment. If you are a self-pay patient or your insurance information cannot be verified prior to your appointment, you will be required to pay in full at the time of service. If your insurance plan requires payment of an annual deductible and/or co-insurance (i.e. 80/20 plans), payment will be calculated and due at check out. We accept cash, personal checks, MasterCard, and visa. Patient payment plans are also available if needed. Payment plans are available by contacting our billing office prior to your appointment. **INSURANCE CARD MUST BE PRESENTED AT EACH VISIT.**

4. Claims Filing

As a courtesy to our patients, we file claims with your insurance company and also coordinate benefits with secondary payers. You will be responsible for timely payment of any patient balances as directed by your insurance. You will also be responsible in the event that the claim is disputed or unpaid.

5. Patient Billing and Collections

Patients that receive a statement from our office are expected to remit a full payment upon receipt, unless previous payment arrangements were made with our billing office. If your account must be referred to an outside collection agency for non-payment, a fee will be added to your account to cover the expense incurred from the agency. The percentage varies based on the age of the outstanding balance. Patients in collection must make payment arrangements prior to scheduling another appointment with our office. **If you receive a billing statement that you do not understand, please contact our office for assistance so that the account can be resolved.**

7. After Hour Office Visits

Patients scheduled outside of our normal business hours (this includes evenings, weekends, or holidays) will be charged an after hours charge. This charge may or may not be covered under your insurance plan.

6. After Hour Triage Calls

One of our many services provided is complimentary telephone advice given by experienced pediatric nurses. During the hours of 8:00 AM - 5:00 PM Monday thru Friday, our staff provides this valuable service. WakeMed nurses provide this service to our patients after hours, weekends and Holidays. There is a \$10.00 fee for all after hour, weekend and Holiday calls; insurance companies will not pay this charge. As a courtesy we will waive charges for all patients from birth to two months of age. Please be aware of website provides helpful information on emergency guidelines regarding common illnesses.

8. No-Shows

For patients that fail to come to their schedule appointment and do not notify our office 24 hours in advance of the need to cancel the appointment, a **(\$25.00 No-Show Charge)** will be added to their account. This charge will be the patient's responsibility; insurance companies do not cover this charge. Please notify our office if you cannot keep your appointment, so that other patients in need of medical care can be seen.

9. Late Policy

You have the responsibility to arrive at our office at your scheduled appointment time. Jeffers, Mann and Artman Pediatric reserves the right to reschedule patients that show up 20 minutes late for their appointment.

Signature: _____ **Date:** _____