



Burkhart Pediatric & Adolescent Dermatology

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Financial Policies

Thank you for choosing Burkhart Pediatric & Adolescent Dermatology. We are committed to compassionate, personalized pediatric dermatological care in a professional and confidential environment.

Before we provide care to your child, we ask that you review and accept our financial policies. If you have any questions, please don't hesitate to contact our Practice Manager at (919) 476-1118.

Payment Required at Time of Service

We require payment at the time of service. If you have health insurance and we are a participating network provider, we will ask for your co-insurance, co-payment, any unmet deductible, and any balance not paid by your insurance, when applicable. If you do not have insurance, we are not a participating network provider for your insurance plan, or you are unable to present a valid member identification card from your insurance carrier at the time of your visit, we require full payment at the time of service.

Policy for Filing Insurance

We participate with most major insurance plans. If we are a participating network provider for your plan, we will be happy to file a claim on your behalf. Please remember that your health benefit plan is an arrangement between you and your insurance company. Your individual plan determines what benefits it covers, coverage limits, and the need for prior authorizations and referrals. We will be happy to help, but we strongly encourage you to contact a representative of your insurance company for answers to questions regarding your insurance benefits.

Each time you come to our office, please bring with you a current insurance ID card and a valid government issued photo identification card (e.g. driver's license, passport). If we are able to validate your eligibility, we will file a claim on your behalf. Even when your insurance plan verifies your eligibility and benefits, it does not guarantee the accuracy of the confirmation of coverage of benefits. In some cases, your insurance plan may not cover the services we provide or may determine that some of the services are not medically necessary. Your insurance company's rejection of all or part of your medical insurance claim does not relieve you of your financial obligation to Burkhart Pediatric & Adolescent Dermatology, PLLC. If your insurance plan does not cover our charges in full, you are responsible for paying any remaining balance not covered by your insurance.

If we cannot verify your insurance or you are not eligible for insurance, we will consider you to be self-pay and financially responsible for the cost of your care at the time of the visit. By signing our Insurance Coverage Waiver Form, you will agree to accept full financial responsibility for the care that we provide.

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Co-Payments, Deductibles, and Fees

All co-payments, deductibles, and co-insurance must be paid at the time of service. Our contracts with insurance companies obligate us to collect these fees; we cannot waive them or bill them.

The adult that accompanies the patient to our office is responsible for payment of the applicable copay deductible, or coinsurance regardless of whether or not that adult is the patient or guardian accompanying the patient. For example, if another family member (e.g. aunt/uncle, grandmother/grandfather, nanny) brings your child to the office, he/she should bring with him/her a copy of your insurance card and any applicable payment.

Benefits Assignment: I hereby authorize Burkhart Pediatric & Adolescent Signature of this document authorizes Burkhart Pediatric & Adolescent Dermatology, PLLC to bill my authorized health insurance company on my behalf for any/all services performed. Signature also authorizes the assignment of benefits (payments) directly to Burkhart Pediatric & Adolescent Dermatology, PLLC/Craig Burkhart, MD, MS, MPH for all my insurance claims related to services received.

Medicaid Insurance Benefits

Our practice participates in the NC Medicaid program. If you are a Medicaid beneficiary, by signing this document, you certify that the information you have provided to us that we will use in applying for payment under the Medicaid program is correct. Your signature also authorizes the release of any of your or your dependent's records that the program may request. Finally, you agree to direct Medicaid payment for you or for your dependent's authorized benefits directly to Burkhart Pediatric & Adolescent Dermatology, PLLC /Craig Burkhart, MD, MS, MPH.

Medicaid requires that we provide only those services that the program deems to be medically necessary. We may ask you to sign a notice that makes you financially responsible for any service provided that does not meet the medical necessity requirement.

Under Medicaid Managed Care, the new North Carolina Medicaid Program scheduled to go into effect later in 2019 and 2020, private insurance companies, not the state, will pay providers directly. If you are covered by Medicaid, we will submit required information to the private insurance carrier that you have selected. Once the transition to the new program occurs, we will keep you informed of additional requirements.

Pathology Studies and Laboratory Tests

Our bills for service do not include pathology studies or laboratory tests. If you receive any of these services, you will receive a separate bill from the facility where the services were performed.

Referrals

Some insurance plans require a referral from the patient's primary care physician in order to be seen by a specialist. It is the patient's responsibility to: (1) know if his/ her plan requires a referral; and (2) to obtain a referral, if needed, prior to the visit to our office. If you are uncertain about your plan's requirements, please contact your insurance plan prior to your visit. Patients without a valid referral that meets insurance plan requirements will have the option to pay out-of-pocket for the entire cost of the visit on the day of service or to reschedule the appointment.

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Returned Checks

In the event that your check does not clear our bank, we will charge your patient account a \$25.00 returned check fee in addition to the amount of the check.

Credits and Refunds

We will return any refunds owed to your insurance plan by check. If there are credits or refunds owed to a patient, we will first apply them to any outstanding balance. Remaining patient credits and refunds can be left on the account to be used towards future charges or can be returned to the patient (or to the responsible party who made payment) by check. Please allow 30-45 days for processing

Outstanding Balances

Burkhart Pediatric & Adolescent Dermatology, PLLC mails billing statements to patients. Payment for any outstanding balance is due upon receipt. Outstanding balances may result from remaining patient balances after we have billed your insurance company. For example, we will bill insured patients for unmet deductibles, additional co-payments, non-covered services or any other charge that the insurance carrier assigns to the patient. We also bill patients penalty fees associated with our policy for cancellations, rescheduling, and no-shows.

It is the policy of Burkhart Pediatric & Adolescent Dermatology, PLLC to collect any outstanding balance before rendering additional services.

Failure to pay a balance due at the time of service may result in our rescheduling your appointment with the understanding that you will pay the balance due either prior to or on the day of the rescheduled appointment. We may turn a past due account balance over to a collection agency, resulting in a collection indication on your credit file with the various credit bureaus.

In those instances when a patient has a follow-up visit before receiving a statement for prior amounts owed, we will inform the patient of the outstanding balance and request payment at the time of that follow-up visit.

Collection

It is our sincere desire to help you meet your financial obligations. If you have an outstanding balance that requires special arrangements, please contact our Practice Manager at (919) 476-1118 for assistance.

Outstanding balances that are not paid within 90 days will be sent to a collection agency. Once a patient's account has been sent to collection, he/she is responsible for the outstanding balance on the account in addition to any and all costs of collection, including all collection agency fees, service fees and/or legal fees (including court costs and attorney fees) that accrue while the account is in collections.

Cancellations, Rescheduled Appointments and No-Shows

We understand that plans change and emergencies arise. Please notify us as soon as possible if you need to cancel or reschedule an appointment.

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Burkhart Pediatric & Adolescent Dermatology, PLLC has a 24-hour cancellation policy. If you fail to notify us of a cancellation or rescheduled appointment within one (1) business day prior to your scheduled appointment or you miss an appointment, we charge a penalty fee of \$50 for office visits and \$100 for medical procedures. The penalties apply regardless of whether or not you receive a courtesy reminder call or text message reminder from our office. They also apply to appointments made just one day in advance.

Responsible Party

When a patient is younger than 18 years of age, the parent or guardian who signs the Burkhart Pediatric & Adolescent Dermatology, PLLC Patient Information Form is financially responsible for the patient's account.

When a patient is 18 or older, he/she becomes responsible for his/her account and financial obligations. If a parent prefers to assume complete financial responsibility for an adult offspring, Burkhart Pediatric & Adolescent Dermatology, PLLC must receive written notification.

Method of Payment

Burkhart Pediatric & Adolescent Dermatology, PLLC accepts cash, check, MasterCard, and VISA. Payments may be made in person, by mail, or by phone.

Release of Records

By signing this document, I authorize the release of any medical information necessary for the purpose of processing claims to insurance companies or their agencies. I permit a copy of this authorization to be used in place of the original.

Fee Information

Copying Medical Records (in North Carolina)

Pages 1 - 25: \$0.75 per page

Pages 100+: \$0.25 per page

Pages 26 - 100: \$0.50 per page

Minimum charge: \$10.00

Electronic Copy of Designated Record Set within Medical Records Requested

Under HIPAA: \$6.50

Failure to Cancel Appointment within 24 Hours:

Routine office visit: \$50

Procedure: \$100

Patient Authorization

My signature below signifies that I have read and fully understand all of the above information. My signature below also signifies that I agree to the above policies.

Printed Name (First, Middle, Last): _____

Signature: _____ Date: _____

Relationship to Patient: _____