

Financial Policy

Thank you for choosing Coastal Pediatric Associates (CPA) to care for your child. The following is a summary of our financial policy for you to review and sign annually. This information is also available on our website at www.cpakids.com.

Insurance

- As a courtesy to our patients, we file insurance claims for patients to all contracted (in-network) insurance companies.
- Please bring your insurance card to every visit. If the provided insurance is ineligible or invalid you will be billed, in full, for any services rendered.
- If an insurance company denies payment for incorrect or incomplete information provided by you or for noncovered services, you will be expected to pay for services in full. It is your responsibility to follow up with insurance to correct/provide any required additional information.
- Co-payment, deductibles, and coinsurance is due at time of service. It is your responsibility to know the terms of your insurance coverage, including **well-exams visits, immunizations, procedures, lab tests and medication check visits**.
- If we do not participate in your insurance policy, please be aware your benefits may be reduced. Any balances left unpaid by your insurance company may become patient responsibility.
- **Healthcare Sharing Programs**- Coastal Pediatric Associates, PA will NOT submit claims to ANY healthcare sharing programs and/or any programs that are not legally considered as insurance programs within the state of South Carolina. Under South Carolina regulations, our organization is not obligated to file claims to any healthcare sharing program that is not legally considered to be insurance. Therefore, any acquired charges will be considered patient responsibility and will be due at time of service. Charges are eligible for the self-pay rate. Any payment made at time of service is an estimated amount and any additional charges will be billed to the guarantor via paper or paperless statement.
- We do not file personal injury or automobile accident claims.
- A \$30.00 additional charge may be applied to all visits scheduled for weekends, and after 6pm daily per payer guidelines.

Self Pay

- Flat rates when paid in full at time of service or prior to check in:
- **\$120 Well check visit, *** (includes exam, hearing, vision, topical varnish, and other age-appropriate screening tests) STD testing will result in additional fees. VFC Vaccine eligible patients will also be charged an administration fee of \$20 per vaccine. Since the number of vaccines administered vary by age the administration fee(s) may be billed after the visit via paper or paperless statement.
- **\$100 Medication Check visit, *** (for established patients only)
- **\$150 Sick/Problem visits, *** (follow-up visit within 5 days of last visit, \$75)
***Exclusions/Additional charges: Any type of COVID testing, RVP testing, GI Panel, STD testing and Drug Panel testing are not included in flat rate pricing and will result in additional charges to the patient/guarantor. All VFC Vaccine Administration fees. (\$20 ea.); Depo Provera (\$100.00); Bicillin (\$100 per injection).*
 - Standard flat rates are not available for Behavioral Health Services with Mental Health Provider(s) due to the varying types of services that may need to be rendered. Please contact our offices for pricing information.

Immunizations

- If a patient is insured, the immunization(s) given, and administration fee(s) will be billed to the patient's insurance. If charges are not paid by insurance within **45 days**, you will be financially responsible for the balance on the account. If you choose to pay out-of-pocket for the administered immunization(s) given then a minimum of 50% of the balance must be made at the time of service.
- In some instances, our providers may agree to alter the recommended immunization schedule if:
*An approved written plan for routine childhood immunizations is established and the parent prefers to follow an alternative schedule. (The mutually agreed upon plan will become a part of the child's medical record.)
*A signed statement from the parent stating understanding that the child is not being immunized according to the recommended immunization schedule is completed prior to any alterations to the recommended immunization schedule.
- Variations from the recommended immunization schedule may require additional provider visits to the office and additional insurance co-pays or deductibles. If additional visits are required due to alterations of the recommended immunization schedule, the insurance company may not cover the additional visits and any balances will become patient responsibility.
- Every child may be subject to scheduling with a provider on the same day as any vaccine or injectable medication.

Payments

- Both parents are responsible for all charges regardless of divorce or separation decree.
- Payment of estimated copay, deductible, or coinsurance is due at time of service as required by your insurance company.
- Patients may receive a monthly statement for any unpaid services, after a \$10 minimum balance. Statements may stop after 3 billing cycles, but the patient is still responsible for all balances deemed patient responsibility by the insurance company or CPA.
- We accept Cash, Check, Money Order, Visa, MasterCard, Discover and American Express. Please visit our website and patient portal at www.cpakids.com to view your statement, make a payment and update account information or to ask our Billing Team a question.
- **All balances eligible for collections after 3 statements and are subject to a \$10 collection fee.**
- Returned checks are subject to a \$30 fee. Any account we receive a returned check for will no longer be allowed to pay by check.
- We require 24-hour notice if you wish to cancel/reschedule your appointment. A \$20 fee may be applied for any missed appointment without prior notification.

- Patients **under the age of 16** must be accompanied by a parent, legal guardian, or an authorized individual.

Termination/Discharge from Practice

- The following scenarios may jeopardize the patient/physician relationship in which Coastal Pediatric Associates will terminate and discharge the patient from the practice. The patient or parent/guardian will be sent a letter of discharge. Noncompliance or abuse; Excessive no shows; Failure to meet financial obligations.

Please contact our Billing Department if you have any questions concerning the CPA Financial Policy at 843-573-2535 or utilize the patient portal by visiting our website at www.cpakids.com.