

# Greenville Pediatric Services, Inc.

300 Bethesda Drive • Greenville NC 27834 • Tel: 252-752-7141 • Fax: 252-752-0223

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***Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read each section carefully, your clear understanding of the policies is important to our professional relationship. If you have any questions, do not hesitate to ask a member of our staff.***

## **Appointments**

1. We value the time we have set aside to see and treat your child. If you are not able to make it to your scheduled appointment we require a 24-hour notice. A charge of \$25.00 may be applied toward each missed or “no-show” appointment without the required notice.
2. **Repeatedly missing or “no-show” for scheduled appointments will result in loss of the Privilege to schedule appointments and your account will be changed to Same Day Appointment status only for future appointments.** GPS also reserves the right to discharge any patient or family from the practice for repeated no-shows.
3. **If you are going to be late for your scheduled appointment, meaning, not available in the office at the scheduled start time, we do require prior notification.**
4. If you arrive late we will do our best to accommodate you, however, **your appointment status will be changed to Walk-In, and there may be an extended wait for the next available appointment opening** and/or may need to be reschedule for another day based on appointment availability, as our Provider schedules are often full.
5. For patients that arrive early for their scheduled appointment we will do our best to accommodate you, however, patients are seen based on appointment time, not arrival time.
6. Before making an appointment, check with your insurance company as to whether the visit will be covered. **It is your responsibility to know the coverage for your insurance plan.**
7. Parents are strongly encouraged to complete any required forms or questionnaires at home and bring the completed forms with you to your appointment. **The forms for new patients and existing patients are available on our website at [www.greenvillepedsn.com](http://www.greenvillepedsn.com)**
8. If the child/patient is accompanied by anyone other than his or her Parent/Legal Guardian **we must have a signed Permission To See form on file**, completed by the Parent/Legal Guardian before the appointment.
9. The parent/legal guardian, or the person identified on the Permission To See form **must** accompany the patient to their appointment and remain on the premises during the entire appointment and checkout. **Any patient, not accompanied as stated above, will not be seen for any appointment type.**
10. Minors between the ages of 16-18 may be seen independently and make his or her own medical decisions, only after Parent/Legal guardian completes an Authorized Consent form.
11. During your child’s well child exam there may be additional issues or concerns discussed or identified that fall outside of a routine well child exam. These additional issues may be addressed during the same appointment for your convenience to avoid having to schedule a return appointment. When these issues are addressed and require separate decision making and/or diagnosis by the provider **additional charges may be required by your insurance policy even though the well child portion is covered 100%**. Based on the severity or time constraints these additional issues may

require a separate appointment to be scheduled in order to devote the time necessary to fully care for your child.

12. If your child is sick we do offer same day appointments, we ask that you call and schedule your visit before coming to the office. Walk-ins are also accepted but please understand that there may be an extended wait to see the provider, as their schedules are often full.
13. No child, whether patient or not, may be left unaccompanied at any of Greenville Pediatric Services offices at any time. If this occurs we are required to contact the appropriate authorities to ensure the well-being of the child.
14. We strive to minimize any wait time; however, **emergencies do occur and will take priority over a regularly scheduled visit.** We appreciate your understanding.

### **Insurance Plans**

1. **It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate or information you provide is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**
2. If your insurance plan requires a primary care physician, make sure our office and phone number appear on your insurance card. **If you have not informed your insurance company that we are your primary care physician, you may be financially responsible for your current visit.**
3. **It is your responsibility to understand your benefit plan. Your Health Insurance Policy is a contract between you and your insurance company. It is important for you to be informed of the specifications of your insurance policy.**
  - a. It is your responsibility to understand what types of services or procedures are covered by your insurance policy.
  - b. You are responsible for the payment of services or procedures that are not covered by your insurance policy.
  - c. For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
4. It is your responsibility to know if a written referral or authorization is required to see specialists, or prior to a procedure. It is the responsibility of the policy holder to know what services are covered by their policy.
5. If we do not participate with your insurance company we will not be able to bill your insurance for payment. Payment in full will be required at the time of service. We will provide an itemized statement so you may submit the charges to your insurance company for reimbursement.
6. If we are not in network with your insurance company you will be responsible for any additional fees that may be applicable based on your insurance policy.

### **Prescription Refills**

1. **You will call your Pharmacy to initiate a refill request,** and the pharmacy will contact our office with the necessary information.

2. **Prescription refills may also be requested through our patient portal for your convenience. You may access the portal from our website [www.greenvillepedsn.com](http://www.greenvillepedsn.com).**
3. **For medication refill requests, we require 48 hours' notice, during regular business hours. Please plan accordingly.**
4. **An appointment may be required before a refill can be processed, please understand these rules and regulations are in place with the best interest of your child's health in mind.**

### **Financial Responsibility**

**We must emphasize that as pediatric providers, our relationship is with you and your child, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.**

1. **According to your insurance plan, you are responsible for paying any and all co-payments, deductibles, and co-insurances.**
2. If you participate with a high-deductible health plan, payment in full is required from you at the time of your visit. You may pay with your health savings account debit card.
3. **All required payments are due at the time of your visit.**
4. **Self-Pay patients are required to pay for services in FULL at the time of the visit.**
5. **If we do not participate in your insurance plan, payment in full is required from you at the time of your visit.** We will supply you with an itemized statement that you can submit to your insurance for reimbursement.
6. For scheduled appointments, outstanding account balances must be paid prior to the visit.
7. **Outstanding patient balances are due in full within 30 days after your appointment.**
8. If previous arrangements have not been made with our finance office, **any account balance outstanding longer than 30 days will be charged a \$10.00 collections fee and will be forwarded to a collection agency.**
9. If your account is forwarded to a collection agency, Greenville Pediatric Services reserves the right to see your child on an emergency basis only for the next 30 days, to allow you time to find a new source of medical care; a written notice will be given.
10. A \$25.00 fee will be charged for any checks returned for insufficient funds and your account will be placed on a cash or credit card payment only basis.
11. **The accompanying parent or adult is responsible for all payments required at the time of service.** Greenville Pediatric Services will not be part of any family or legal disagreements between yourself and the accompanying parent or adult, payment is required at time of service.
12. Should your account become uncollectible due to bankruptcy or other reasons, Greenville Pediatric Services reserves the right to see your child on an emergency basis only for the next 30 days, to allow you time to find a new source of medical care, a written notice will be given.
13. If you intend to file a claim to any insurance other than your health insurance, **you will need to pay for your child's appointment at the time of service.** We will provide you with a claim form for reimbursement. For example: if your child was injured in an auto accident we can either file to your health insurance as normal, or you would pay for the appointment at the time of service and then you

would file to the auto policy to reimburse yourself. This would be the same for other injury claims as well, as we are not contracted with these insurance carriers.

### **Referrals**

1. Advance notice is needed for all non-emergent referrals, typically 10 business days.
2. It is your responsibility to know if a selected specialist participates in your plan. Visit your plans website to locate a participating specialist.
3. Remember, we must approve referrals before they are issued. Retroactive referrals cannot be written and will not be honored.

### **Forms**

1. There is no charge for a routine form given at the time of your child's visit. This is considered part of the visit. However, should you lose your forms, there will be a \$5.00 charge for each (\$5.00 for one form) to replace them.
2. For Family and Medical Leave Act forms a \$25.00 payment is due when the forms are picked up. We require 5 business days for completion.

### **Transfer of Records**

1. If you transfer to another physician, we require a 48 hour notice during business hours to provide a copy of your immunization record and medical summary to a new office. Please be advised that it may take up to 30 days to prepare the full medical record for shipping.
2. We provide records of your child's visits (including consultations from specialists) rendered here at Greenville Pediatric Services only. For any previous records, you must request them directly from your previous doctor(s).

### **Audio or Video Recording**

1. We take our patients privacy and security very seriously and to comply with HIPAA regulations, **any Recording whether audio and/or video is not allowed** inside any Greenville Pediatric Services office, this will result in immediate dismissal from our practice.

**I acknowledge that I have read, accept and fully understand the office and financial policies set forth by Greenville Pediatric Services. I agree to comply with and accept the responsibility for any payment that becomes due as outlined in the office and financial policies. I understand and agree that the terms of these policies may be amended by the Practice at any time without prior notification to the guarantor.**