

## Asheville Children's Medical Center Financial Policy

We are dedicated to providing the best possible care for your child and we want you to completely understand our financial policies. Please read, sign and return to the front desk. We will be glad to provide you with a copy of this policy at any time upon your request.

1. **Filing Your Claim To Insurance:** ACMC currently participates with most major medical insurance companies, including Acordia, Aetna, BCBS, Cigna, Crescent, Medcost Preferred, Primary Physicians Care, United Healthcare and Tricare as well as NC Medicaid. All claims will be filed for your convenience but you should talk with your insurance company to confirm ACMC is in network.
2. **Non Covered Services:** On occasion, some services rendered by our physicians will be considered non covered services by your insurance company. Most often, the services are part of a well-child exam, including the developmental, hearing and vision screenings. These screenings are considered essential by our physicians to evaluate the wellness of your child but will be the responsibility of the guarantor to pay is not covered by insurance.
3. **Copayments and Deductible Amounts:** ACMC is bound by contracts with insurance companies to collect all copay amounts at the time services are rendered. This amount will be collected at check-in as well as any outstanding balances on your account from prior visits. Deductible amounts will be billed to you after receiving an explanation of benefits from your insurance company and posting the contractual provider discounts to your account. For your convenience, ACMC will accept cash, check and all major credit/debit cards for payment. A \$35.00 charge will be assessed to all returned checks.
4. **Custody and Responsible Party:** It is ACMC's policy to designate the parent the child resides with as the financial guarantor. We are not able to send a bill to each parent; therefore it is the responsibility of the parents to work out payment arrangements between themselves.
5. **Small Balances:** ACMC will not send out a bill for less than \$5.00. You will be informed of this balance upon your next visit'
6. **Delinquent Accounts:** ACMC will attempt to collect payment on delinquent account first by phone and then by mail. Failure to respond to these collection attempts will result in the termination of the patient/physician relationship. You will be given a 30 day notice, during which time we will see your child for sick visits only.
7. **We Will Work With You:** The billing department at ACMC is here to help you! Should you receive a bill you do not understand, please call for clarification. We understand you may encounter financial hardship from time to time; if you need to make payment arrangements to get your bill paid, please call.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

