

OCONEE PEDIATRICS PAYMENT POLICY

PROOF OF INSURANCE

All patients must complete our patient information forms before seeing a provider. We must obtain a copy of your current, valid insurance card for proof of insurance. If you fail to provide us with the correct insurance information at the time of service, you will be responsible for the balance of your claim.

CO-PAYMENTS AND BALANCE DUE

All co-payments and balance dues must be paid at the time of service. This arrangement is part of your contract with you insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help in upholding the law by paying your co-payment at each visit.

CLAIMS SUBMISSION

We will submit your claims to your insurance provider and assist you in any way we reasonably can to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

MONTHLY BILLING STATEMENT

After your insurance company pays Oconee Pediatrics, you will receive a billing statement which indicates your balance due and/or deductibles due. These amounts are payable to Oconee Pediatrics. The balance amount is to be paid in full within 10 days of receipt of the billing statement. If you have questions about your account, please call 864-882-7800 and ask to speak with the insurance/billing manager.

INSURANCE

We participate in most insurance plans. If you are not insured by a plan we do business with or do not have insurance, payment in full is expected at each visit. If you are insured by a plan we do insurance with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Oconee Pediatrics does not file claims with any secondary insurance companies.

NON-PAYMENT

Partial payments will not be accepted unless otherwise negotiated with the billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from the practice. If this were to occur, you will be notified in writing that you have 30 days to find alternative medical care. During that 30 day period, our providers will only be able to treat you on an emergency basis.

MISSED APPOINTMENTS

In order to achieve the best appointment availability for our patients, we have a policy for missed appointments. Three missed appointments within a 12 month period will result in discharge from the practice. A missed appointment is any appointment not cancelled with 24 hours of the scheduled appointment. We understand the potential for unforeseen circumstances that can arise that may cause a late or missed appointment. If this happens, please call us as soon as possible so we can change your appointment status accordingly,

NON-COVERED SERVICES

Please be aware that some and perhaps all of the services you received may be non-covered or not considered reasonable or necessary by your insurance company. Since all insurance plans are different, please contact your insurance company or HR department for detailed information about what is covered or not covered including well child visits maximums, immunizations, etc. You will be billed and responsible for all non-covered services.

NEWBORN INSURANCE

In order for Oconee Pediatrics to file insurance for your newborn, a parent must add them to the insurance policy within 30 days of the date of birth. Once added, please notify our billing department in order to have the patient's charges filed in a timely manner. If insurance is not determined after 30 days from birth, the patient's account will be considered self-pay and the responsible party will be billed for the balance.

FORMS OF PAYMENT

Oconee Pediatrics accepts payments by cash, check, money orders, Visa, MasterCard, Discover, American Express, and debit cards bearing these logos. Payment is expected at the time of service.

