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Financial Policy

Thank you for choosing Cornerstone Pediatric & Adolescent Medicine as your child's healthcare provider. We are committed to providing you the best quality medical care. We look forward to establishing a lasting relationship and partnership with you in caring for your child. As part of this relationship, we wish to establish our expectation of your financial responsibility.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the best evaluation and treatment and we charge what is usual and customary for our area. You are responsible for payment regardless of the insurance company's determination of usual and customary rates.

SELF-PAY: Patients without insurance coverage will be required to pay for all services at the time they are rendered. A discount may be offered by the provider for the services received.

INSURANCE COLLECTION: Your medical insurance policy is a contract between you and your insurance carrier. As a courtesy, we will bill your medical insurance carrier for services we provide. We will be diligent in making sure your paperwork is filed accurately and promptly. It is your responsibility to ensure we have the most current copy of your insurance card, demographic and contact information. If your insurance is not verified at time of service, you will be responsible for payment at time of service. You are responsible for any balance remaining after your insurance carrier has processed your claim (60 - 90 days). Should your insurance company reimburse us at a later date, we will gladly refund/reimburse you.

CO-PAYMENTS, DEDUCTIBLES AND FEES: All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at time of service rendered. Certain services (i.e. ear piercing) are not covered by your insurance. For any questions regarding any services/treatments, we encourage you to contact our Practice Manager and/or your insurance carrier to review costs. Failure to pay at the time of service may result in a \$15.00 service fee. As a convenience, we accept all major credit cards, debit cards, checks, and cash.

OUT OF NETWORK/NON-PARTICIPATING INSURANCE CARRIERS: If your insurance carrier considers us "out of network" or does not participate with us, you are responsible for payment in full at the time of service. We will gladly provide any proof of visit/receipts, etc.

DIVORCE DECREES: This office is not a party to your divorce decree. The responsibility for the minor rests with the accompanying adult.

NO SHOW/CANCELLATION POLICY: Missed appointments represent a cost to us, to you, and to other patients who could have been accommodated. Appointments missed or not cancelled at least 24 hrs before the appointment time will result in a \$35.00 fee per appointment block (15 min block). Appointments made the same day and missed will also be subject to a "NO SHOW" fee of \$35.00. Appointments can only be cancelled by calling during regular business hours. Please help us serve you better by keeping your scheduled appointment.

TELEPHONE/FORM CHARGES: For your convenience, a triage nurse is available 24 hrs a day, 7 days a week. Calls made after hours will incur a standard charge. For prompt evaluation, please call early in the day during regular office hours. Please be mindful, completion of your child's forms (daycare, school, camp, sports, etc) requires time. For forms needing completion within 3 business days, the "rush" service charge is \$10 per form. Payment will be due at time of form drop-off.

PAST DUE PAYMENTS: Just as we make every effort to accommodate you when your child is in need of medical care, we expect you will make every effort to pay your bill promptly. If you have financial hardship or if you are unable to pay your bill in its entirety please contact our billing office to discuss payment options. If your account becomes delinquent (past due 60 days) your account will be subject to interest, rebilling fees, and collection costs. Should collection action become necessary, the responsible party agrees to pay an additional 30% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.

RETURNED CHECKS: A \$25.00 fee will be charged on all returned checks.

TRANSFER OF CARE: When relocating or transferring care to another provider, we will request and require you to close out any balances due. Copies of your medical records are a \$25.00 for first child and \$10.00 for each additional child. Payment is due at the time of request.

CUSTOMER SERVICE: For questions regarding your care, services rendered, or billing, please contact our Practice Manager at 919.460.0993 or our Corporate Billing Service at Raleigh Durham Medical Group at 1-866-557-2612.

I authorize Cornerstone Pediatric & Adolescent Medicine to release all requested information concerning my medical treatment to my insurance carrier. I further authorize my insurance company to pay from the proceeds of benefits of any recovery or insurance payments in my case, directly to the provider(s) of this office, for their professional services rendered.

Cornerstone Pediatric & Adolescent Medicine reserves the right to dismiss any patient from the practice who consistently fails to meet this policy or who refuses to sign this agreement.

By signing below, I understand and agree to the terms of this office's Financial Policy.

Child's Name

Date of Birth

Parent or Legal Guardian

Date