

**NORTHLAKE PEDIATRIC CARE**  
**2117 Simonton Rd. Suite 402 Statesville, NC 28625**  
**PHONE (704) 871-2323 FAX (704) 871-2919**

**Financial Payment Policy**

The following information is provided to avoid misunderstanding or disagreement concerning payment for professional services.

Plans with Co-Payments

Your co-payment must be paid each time you see your doctor in order to keep your account in good standing.

Plans with Deductibles

If your plan has a deductible you are required to **pay in full** at the time of service **until this deductible is met**. Once this deductible has been met, you are required at each visit to pay percentage that your insurance will not pay.

Patients without Medical Insurance

Patients without insurance will be required to **pay in full** at the time the service is rendered.

Other

If you are **unable to provide proof of insurance** or we are a **non- participant** in your insurance, you will be required to **pay in full** at the time the service is rendered.

Denials of claims

If insurance has been filed and the office visit or procedure was denied payment by the insurance company, you will be sent a bill which **you will be responsible for**. You are always welcome to call our billing department for any disputes and we will help you out as best as we can.

Our practice believes that a good doctor/patient relationship is based on understanding and open communication. We hope this will prevent any misunderstanding.

I understand and agree to fully comply with the financial policies stated above. I also agree to allow Northlake Pediatric Care, P.A. to file claims with my insurance company and for Northlake Pediatric Care, P.A. to receive assignment of benefits.

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Print Full Name of Responsible Party

\_\_\_\_\_

Signature

\_\_\_\_\_

Date