

# Billing and Insurance

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Please bring your insurance card to every appointment. If your insurance changes at any time, please inform our staff at check-in.

You are responsible for all copays, deductibles, and services not covered by your insurance carrier. Payment is accepted via cash, checks, debit, or credit card.

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## What insurances do you accept?

Charlotte Pediatric Clinic is willing to file with any type of insurance; however with the Affordable Care Act and usage of the Health Insurance Marketplace bringing so many new policies into effect, it is imperative that you check with your insurance company to determine if we are considered in-network with your policy.

If you have questions about the Marketplace, please visit [www.healthcare.gov](http://www.healthcare.gov)

Unfortunately, at this time, we are cannot accept Tricare Prime, BCBS NC Blue Value, United Healthcare Compass, Cigna HealthSpring, and select SC Medicaid plans (Absolute Total Care, Select Health, Blue Choice and WellCare).

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## Do I have to pay any charges up front?

We collect all copays at the time of service, and they vary between the many health insurance policies on the market. Please check your policy details to determine the deductibles, coinsurance and copayments

you will owe for services rendered. If you have a plan where you must meet a deductible before services are covered in full, and have not met your deductible, we ask that you pay \$50 at the time of service. For our patients that are uninsured, we offer a 30% discount, and ask that you pay at least \$50 at the time of service.

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### Why am I getting a bill for services completed a while ago?

Once we have received a response from your insurance carrier, and if we confirm that there is a patient liability, we then bill you for the services. Also, insurance carriers sometimes require additional information which delays the processing of the [claim](#).

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### Why wasn't my insurance carrier billed?

If the information in our billing system is inaccurate at the time of service we will be unable to bill your insurance carrier. Please provide us with your correct health insurance information when you register with the office. If at any time your coverage changes, please inform us.

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### Why was my claim denied?

If you have active coverage and a claim is denied, contact your insurance carrier immediately for an explanation of how your claim was processed and why it was denied. Most of the time it is denied only because they need more information from the subscriber or there is an error with the spelling of the child's name or date of birth. Once your carrier has been contacted, you will have to ask them to reprocess the claim. We cannot re-file it once it has been denied.

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### Did my insurance carrier pay for services rendered?

Reimbursement from your insurance carrier will be reflected on your statement. Most carriers send an explanation of benefits notice explaining how the medical claim was processed.

- Information on what was paid
  - Any non-covered, deductible, or denied amounts
  - The balance owed by you
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### Why does my Medicaid card have Charlotte Pediatric Clinic on it?

A primary care provider must be listed on your child's card. If it does not say Charlotte Pediatric Clinic, we are unable to file it for your visit without prior authorization. To change the provider listed on your card, please call 704-353-1500.

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### Does my insurance carrier cover my child's prescriptions?

Contact your insurance carrier for information regarding coverage of prescriptions or consult your prescription benefits card.

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### Do I need to wait a full year between well child visits for insurance to cover them?

This depends completely on your [policy](#). Some plans require you wait 365 days between well visits, while others will cover one per calendar or policy year, and some will only cover them every two years. The only way to find out is to contact your insurance carrier directly.

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### I just had a baby- what do I need to do?

Newborns are considered self pay patients when first seen because their insurance is not yet active. You are only allowed 30 days after birth to add a child to your insurance policy, and we recommend that you call as soon as possible. Insurance carriers will not make exceptions, and the child will not be able to be insured until the next open enrollment if not done on time. When insurance does become active, it should retroactively cover any visits since birth.

You will receive a bill as a self pay patient for doctor visits prior to your newborn's insurance becoming active and being entered into our system. As soon as you receive the insurance card with your newborn's information you can do one of two things:

1. Call the central business office at 704-512-7171. They will be able to enter your information and file any outstanding claims.
2. Bring your insurance card to your next appointment, as we require that you bring your card to each visit. We will scan your insurance card into our system and input the information, then file any previous claims. Please ask the registrar to have all previous claims filed.

If you have not yet received an insurance card for your newborn by the time you come in for your two month well visit, please contact the central business office to prevent outstanding claims from being turned over to collections. We also recommend that you follow up with your insurance carrier to find out the status of your policy if you have not receive the insurance card within four weeks of adding your newborn.

Once the claims have been filed to your insurance company, you will then be billed only for copays and any coinsurance or deductibles that you are responsible for per your policy.

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### What happens if I am sent to collections?

Carolinas Healthcare utilizes the collection agency PMAB for delinquent accounts. You have 90 days from the day your insurance processes your claim to pay, or get set up on a payment plan, for any remaining amount deemed patient liability by your carrier. After 90 days, if no payment is received, and no arrangement made, the computer will automatically roll your account to collections. We are willing to work with you and your ability to pay. The business office can get you set up on a payment plan that fits your budget. If you have invoices due, or in collections, please contact us as soon as possible. We want to help! If you fail to contact us and have multiple invoices turned over to PMAB, it may result in dismissal from the practice.

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### Who do I contact with questions?

You can call the central business office customer service line Monday- Friday from 8 a.m. -5 p.m. at 704-512-7171. They have the ability to answer any questions regarding billing questions, even if your outstanding balance has been forwarded to PMAB.

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### Glossary of Insurance Terms

**Benefit:** The amount paid for covered medical services or events.

**Claim:** Your request to the insurance company for benefits. The claim is submitted to the insurance company for medical services you've received or events that make you eligible for payments.

**Coinsurance:** A percentage of your medical bill that is shared by you and your insurance company after your deductible has been met.

**Copay:** A predetermined fee that you pay for health care services in addition to what's covered by your insurance. Not every type of health insurance plan requires a copay.

**Deductible:** The predetermined amount of your medical bills that you pay before your insurance benefits begin.

**Network:** A group comprised of participating doctors, hospitals, and facilities. Depending upon your type of health insurance, you can use any doctor or facility that you like, but your costs will be substantially lower if you choose a provider that's within the network.

**Policy:** Contract between you and your insurance company that provides specific coverage details for the health plan you selected.

**Premium:** Amount that you pay for health coverage, usually monthly. If you have health insurance through an employer this is typically deducted from your salary every pay period.