



106 Hyannis Drive  
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## Billing Policy

The following is a synopsis of Holly Springs Pediatrics' billing and payment policies.

All co-payments are expected at the time of service. For your convenience, Holly Springs Pediatrics accepts cash, personal check, Visa/Master Card/Discover debit cards and credit cards. Surcharges will be assessed for returned checks or co-payments not made at the time of service.

Our contracts with insurance companies require that we verify your current coverage and collect a co-payment at each visit. If your insurance plan requires deductibles and co-insurance, you will be responsible for these charges. **Please bring your insurance card to every appointment.**

## Fees for Non-Covered Services

The following fees will be charged for services that are not covered by insurance:

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|---|-------------------|
| • Missed sick appointment (if not cancelled 2 hours prior)                    | \$25              |
| • Missed routine well visit (if not cancelled 24 hours prior)                 | \$50              |
| • Late arrival for well visit (more than 15 min after scheduled start)        | \$50 + reschedule |
| • Returned check  | \$35              |
| • Co-payment not paid at time of service                                      | \$20              |
| • School/sports/daycare/camp form (waived if presented at time of well visit) | \$10              |
| • "Rush" (same day) forms (waived if presented at time of well visit)         | \$15              |

We are available on Saturdays to treat your urgent patient needs. However, appointments scheduled on Saturdays, after 5PM on Monday's and Thursday's and on holidays will be subject to a \$30 surcharge. If you are insured, this charge will be billed to your insurance carrier. If declined by them, it will be charged to you.

## No Show Policy

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Holly Springs Pediatrics reserves the right to charge a fee, as outlined above, for all missed appointments ("no shows") and appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice. "No Show" fees will be billed to the patient. This fee is not covered by insurance and must be paid prior to your next appointment. Three or more FAMILY "no shows" may result in a discharge from our practice. Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.