



Financial Policies

Private Insurance and Payment Responsibility:

We will attempt to verify that your child is eligible on each date of service, but please be aware that this does not guarantee payment by your insurance company. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. We encourage you to refer to information from your insurance company or call them if you have questions about your coverage. Ultimately all charges are your responsibility. Our patients are responsible for updating their insurance information with us (please ensure that we have an updated copy of your insurance card). Inaccurate information given to our staff that results in denial or non-coverage by your insurance company results in the guarantor being responsible for payment. If your insurance plan includes a co-payment, we require that you pay this fee at the time of the appointment.

If you find yourself unable to pay your balance due to unexpected financial problems, please contact our billing department for assistance on the management of your account.

Please note that we are not responsible for 3rd party billing (LabCorp, TEN Healthcare, Hospital Labs, or any non-SouthernMED or Sweetgrass office that we refer patients out to). It is your responsibility to check with your insurance company to see if charges through these outside parties are covered and notify us if you do not wish to use any specific 3rd party company before services are rendered.

If you wish to not use your health insurance, please provide a written attestation prior to services rendered. Self-pay policies will apply.

Medicaid Patients:

Please ensure that we have an updated copy of your Medicaid card. We will verify that your child is eligible on each date of service. If the patient is NOT eligible on the date of service, they are responsible for their balance (see section below for more information on our fees). If Medicaid becomes eligible on a prior date of service, you are responsible for notifying us and the bill will be refiled to Medicaid.

If the patient has Select Health, Absolute Total Care, Healthy Blue Medicaid, Molina, or Humana Healthy Horizons, it is your responsibility to contact them in advance to have our practice listed as the primary care physician.

Patients ages 19-21 are not eligible for Vaccines for Children.

Patients Without Active Insurance Coverage:

Patients without active insurance coverage will be required to pay the following fees at check in. This fee will cover 100% of the visit; no other amount will be billed for our services (but please note that we are not responsible for 3rd party billing such as LabCorp, Hospital Labs, or any non-SouthernMED or Sweetgrass office that we refer patients out to).

Office Visits

Sick appointments: Established patients - \$125 | New patients - \$150
Well child checks: Established patients - \$140 | New patients - \$160
Sports physical - \$60
Circumcision - \$200
Lab only appointments (PPD, CBC, Lead, Urinalysis, etc.) - \$10
Vaccination appointments - \$20 per injection, max of \$60 per patient per visit
Ear piercing - \$75.00
Lactation appointments: Initial (1 hour) - \$150 | Follow-up (30 mins) - \$75

Other

Depo (with urine pregnancy test) - \$100

You have the right to request a Good Faith Estimate of the expected costs for services provided. This estimate is intended to help you understand any anticipated financial responsibility for your care. If you schedule an appointment at least 3 business days in advance of the service date, you can expect a Good Faith Estimate within 1 business day. If you schedule at least 10 business days in advance you can expect an estimate within 3 business days.

Extended Care Services:

Our practices provide scheduled evening and weekend hours. An additional charge of CPT 99051 may apply for use of these services. Please contact your insurance company if you have questions regarding coverage.

Fees for Duplication of Medical Records:

Pursuant to South Carolina Code, 44-115-120, a physician may charge a fee for the search and duplication of an electronic medical record. This fee must be paid prior to the completion of the request.

Billing:

We accept cash, checks*, and credit card. Payments will be generated from, and should be made payable to, "Sweetgrass Pediatrics, LLC". Outstanding balances are due within 30 days of your statement unless prior arrangements have been made with our billing department. Overdue balances past 120 days will result in the patient not being able to be seen at our office unless the balance is paid in full prior to their appointment.

Please contact our billing department if you have a question about your bill or if you are having trouble paying your balance. Satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the care they need at the time they need it.

** Please note that a \$25 fee will be charged for all returned checks.*

All policies are subject to be changed without advance notice.

I have read and understand the Practice's financial policies:

Patient Name

Patient Date of Birth

Signature of Responsible Party

Date