

FINANCIAL POLICIES

We are committed to providing the highest quality healthcare services to all members of the community.

Paying for Your Healthcare Services

We work hard to keep our costs affordable. Many patients have health insurance that covers a portion of these costs. It is important to understand that you are responsible for all costs not paid by the insurance company, regardless of the reason.

For Patients with Insurance (including Medicare): It is your responsibility to understand your insurance plan, including the services covered and whether a referral or prior authorization is required. We will provide an estimate of the costs that will not be covered by your insurance plan. We require payment of this estimated amount at the time of the service. We will file a claim with your insurance plan for the services you received and will notify you of any outstanding balance. If you are unable to pay the balance, please contact us to discuss your options.

For Patients with Medicaid: A current Medicaid card must be presented at the time of service. You will be required to pay the current Medicaid Co-Pay. If you have had more visits than Medicaid allows, you will be required to pay for the services. **Special Requirements for Carolina Access:** To receive services at one of our Primary Care Practices, your Medicaid card must list a provider at the practice you are visiting. To receive services at a Specialty Practice, you must provide a referral from the primary care physician listed on your Medicaid card.

For Patients with No Insurance: We offer discounted fees for patients who are uninsured. You will be required to pay a \$50 deposit at the time of service. You will receive a bill for the remaining amount and are required to pay this amount within 45 days. If you are unable to pay the balance, please contact our billing department to discuss your options.

Services Related to Automobile Accidents: We do not file claims with liability insurance companies. Full payment is due at the time of service. We will provide documentation to assist you in filing a claim yourself.

Patient Bills: You will receive a monthly bill listing any unpaid balance on your account. If you are unable to pay the full amount on your monthly statement, please call our billing department to discuss your options.

Past Due Balances: Patients with a past due balance will be asked to pay the prior balance in full before being seen. We offer payment plans to assist patients who are unable to pay their full balance promptly. Please call our billing department to discuss your options.

Late Cancellation & No Show Fees: If you are unable to keep your scheduled appointment, you must notify the practice at least 1 business day prior to the appointment. We charge \$25 for each no-show or late cancellation. Patients with 3 occurrences may be restricted from receiving further services.

Returned Check Fees: You will be charged a \$25 returned check fee for any check returned from the bank for any reason.

Form Completion Fees: You will be charged a minimum of \$25 for each form that is completed outside of an office visit. Examples include school forms, employment forms, and disability forms. Payment is due prior to receipt of the completed forms.

Refunds: You may request a refund at any time. Refunds will be completed only after all pending insurance claims have been fully processed and all past due balances from previous services are paid.

Use of Collections Agency: An account balance may be referred to a Collection Agency if there has been no payment in response to 3 monthly patient billing statements. Once an account has been referred, all prior balances must be paid in full before services will be provided.

I have reviewed and agree to the policies listed in this document.

Patient Name: _____ Date: _____

Patient Signature: _____