

Cary Cardiology Patient Financial Policy

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We require that you read and sign this financial policy prior to any treatment.

It is the policy of this office to help keep your health care costs as low as possible. To do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

- ✓ Always bring your current health insurance card to the office.
- ✓ Please notify us at time of check-in of any changes in insurance, address, telephone or family status.
- ✓ Please pay your co-pay or deductible at the time of service.
- ✓ You will be expected to pay in full if:
 - You do not have insurance,
 - Cary Cardiology does not participate with your health plan,
 - You are unable to present a valid member identification card from your insurance carrier at your visit, or
 - We are unable to verify your insurance coverage.
- ✓ You should receive a bill for any other patient responsibility within 30 days; and/or an explanation of benefits (EOB) from your insurance company. If you do not, please contact the billing office at **919-233-0059**.

Statements: If you have a balance on your account, we will send you a statement. It will show separately the previous balance, any new charges to the account, and any payment or credits applied to your account during the month.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within ten (10) days.

Payment Options if you have Insurance: We are required by our insurance contracts to collect all co-pays and other patient responsible amounts, at the time of service. Any co-pays that are not paid on the day of the visit may be subject to a \$10.00 co-pay processing fee. To assist you, we accept cash, checks or credit/debit cards.

If you have not met your deductible – we will estimate the expected insurance payment for your visit and request that amount at the time of service – this is an estimate only – you may receive a statement with additional balances after your visit.

Payment Options if you have No Insurance:

Unless arrangements are made in advance, we will collect payment at your visit. Your choice is to pay by cash, check, or credit/debit card on the day that treatment is given.

Insurance: It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, we suggest that you verify coverage limitations prior to being treated – to assist you we will provide a courtesy telephone.

Although we will estimate what your insurance company may pay for your visit, it is the insurance company that makes the final determination of your financial obligations and eligibility for services. You agree to pay any portion not covered by your insurance.

If your insurance company has not processed your account within 90 days from the date of service, the balance will automatically be sent to you. Your signature on this form indicates that you authorize Cary Cardiology, P.A. to bill your insurance company directly for services rendered and for your insurance company to make payment directly to Cary Cardiology, P.A.

Past Due Accounts: If your account becomes past due, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs including a collections fee that may be added to the account. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees that we incur, plus all court costs.

If we need to send the account balance to collection because of non-payment of the account, our physicians may no longer be able to provide care. In this case, the person responsible for the account will be notified of this by certified mail and given adequate time to find a new medical provider.

All accounts sent to the collection agency will be reported to the Credit Bureau and may be subject to a collection fee of \$50.

Returned Checks: There is a fee (currently \$25.00) for any checks returned by the bank. This amount may change.

Insurance Release: I understand that my health plan may not be liable for service rendered if any of the following conditions apply:

- ◆ I have a pre-existing condition or other diagnosis that may not be covered by my plan;
- ◆ Cary Cardiology does not participate in my health plan;
- ◆ I have not met the deductible under my health plan contract;
- ◆ Routine services may not be covered by some insurance plans.

On-the-Job Injuries/Accidents: If the reason for your visit is an accident or injury while on the job, please know that we will submit the bill directly to your employer or your employer's workers' compensation carrier – *the bill will not be covered unless your employer files a claim to the carrier* – it will remain your responsibility until a valid claim is filed by your employer.

Copies and Transfer of Records: All past due amounts will be collected before medical records are copied or transferred. A nominal fee is assessed to cover copy costs.

We do charge \$15.00 for the completion of paperwork done at the patient's request.

Effective Dates: Once you have signed this agreement, you agree to all of the terms and conditions contained herein for this and any future visits, and the agreement will be in full force and effect.

Patients who are scheduled for specialized tests have extended time and/or medication that has been scheduled and/or ordered specifically for them. Failure to keep these types of appointments, with no prior notice to the practice, results in significant and unrecoverable costs to Cary Cardiology. In the event that you cannot keep one of these appointments, 24 hours notice is required to avoid a "No Show" fee being charged to your account.

Therefore, knowing this, I request that services be performed and I agree to be responsible for any charges incurred. I understand that if I fail to make payment when due and my account becomes delinquent or is turned over to a collection agency or attorney for collections, the undersigned shall pay all collection agency fees, court costs and attorney fees, and risk being dismissed from the physician care of Cary Cardiology.

I have read this Patient Financial Policy, as outlined, and understand that I am ultimately responsible for the charges incurred by me or by my child/children as their legal parent or guardian.

This is an agreement between Cary Cardiology, as creditor, the Patient, Guardian/Guarantor, or Parent as debtor, named on this form.

In this agreement, the words "you," "your," and "yours" mean the patient/debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Cary Cardiology.

By executing this agreement, you are agreeing to pay for all services that are received.

Patient/Guardian Signature Date

Patient/Guardian Name (PRINTED)

PLEASE NOTE: A signed copy of this agreement will remain in your medical record chart. You may request a signed copy for your records.