



## CARRBORO FAMILY MEDICINE CENTER, P.A.

*Patient Centered. Community Based.*

### **Office Financial Policy**

We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between the doctors or the practice and the patient or patient's parent/guardian. Your clear understanding of the financial policy agreement is important to our professional relationship.

#### **INSURANCE**

Payment for services is due at the time services are rendered, unless the patient has established a payment plan with us. We accept most major private health plans, Medicare, Medicare Advantage, workers' compensation claims. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient to provide drivers license and accurate insurance information at the time of service. Inaccurate or late information given to the staff that results in denial or noncoverage by your insurance company results in the policy holder being responsible for payment.

Health insurance is a contract between you and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (eg, vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, emergency hospital care).

#### **APPOINTMENTS IN THE CASE OF A BALANCE**

Patients with a delinquent balance are required to pay their balance in full in order to schedule a future appointment or have a prescription filled. A delinquent balance is a patient balance in excess of 120 days from the date that the bill is posted if the patient has not established a payment plan with us or sought assistance via financial hardship during this time. If you are experiencing financial difficulty, please let us now.

#### **BILLING**

We accept cash, checks, MasterCard, Visa, Discover, or American Express. Self-pay charges paid at time of service will be discounted. At your request, we can provide you with an itemized statement one business day after your appointment. We do not accept third party billing, as in the case of automobile accidents. Outstanding balances for both self-pay patients and patients with insurance are due within 30 days of the bill being posted, unless a payment plan is established with the billing department. Balances not paid in full within 120 days from the date that the bill is posted will be forwarded to a collection agency. Appointments and refills may be denied to you if your balance is in collections. If you are in collections, please contact the collection agency to pay your balance. Services will be reinstated once the balance is paid in full or once a payment plan is agreed on by the Practice and the patient.

A \$25 fee will be charged for each returned check. We will accept payments only by cash or credit card until the balance is cleared.

If the patient is a child, the accompanying parent or adult is responsible for full payment at the time of service. In case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between the custodial and noncustodial parent. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

Any patient who fails to pay his or her bill for 120 days after the billing service date will be sent to collections and refills and appointments will not be granted until the bill is paid in full. If a patient refuses to pay his or her bill, then the provider-patient relationship will be terminated.

All services performed in our office will be submitted as a courtesy to your insurance. All co-payments and a portion of your deductible or co-insurance is due at time of service. All insurance carriers have a fee schedule from which they will reimburse. However, the doctor's fee may be higher than what the insurance company reimburses, or it may not be a covered service. Therefore, any balances not covered by insurance become the responsibility of the patient.



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### **MISSED APPOINTMENTS/LATE CANCELLATIONS**

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. For cancellations, 24 hours notice prior to the appointment is requested. We reserve the right to charge a fee for missed appointments or appointments cancelled with less than 24 hours notice if the patient fails to reschedule. Missed appointment fees are as follows: after the first missed or late-cancelled new patient appointment, the patient is charged a \$50 fee for each missed new patient appointment; \$80.00 fee is charged for a missed or late-cancelled physical exam appointment for a Medical Doctor appointment and a \$75.00 fee for a Mid level (PA or FNP) physical exam appointment., \$70 for a missed or late-cancelled 30-minute appointment, and \$50 is charged for a missed or late-cancelled 15-minute appointment. If failure to return for follow-up appointments becomes a problem, then we cannot provide excellent care for you and we reserve the right to formally terminate the provider-patient relationship.

### **COPY AND TRANSFER OF MEDICAL RECORDS**

There is a \$25 fee for the copy and transfer of medical records for a patient. There is no fee to copy and transfer medical records to a physician. To copy and transfer medical records for a lawyer, there is a per-page fee. If an insurance company providing insurance other than health insurance requests medical records, the fee is \$65 +.

### **REFERRALS**

If your insurance plan requires a written referral for you to see a specialist, you must allow us 3 business days to complete the appropriate form(s) prior to seeing the specialist. Only emergency referrals will be completed in the same day.

In general, we will not agree to writing a referral for a problem we have not seen you for first. It is important that as questions arise, you contact your insurance company directly for final guidance and clarification.

### **THE FINANCIAL AGREEMENT**

We must emphasize that as primary care providers, our relationship is with you, not your insurance company. While the filling of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date that services are rendered. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.

### **PATIENT AGREEMENT**

I hereby assign to Carrboro Family Medicine Center any insurance or other third-party benefits available for healthcare services provided to me. I understand that Carrboro Family Medicine Center has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Carrboro Family Medicine Center, I agree to forward to Carrboro Family Medicine Center all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt.

I have read and fully understand the financial policy set forth by Carrboro Family Medicine. I agree that if it becomes necessary to forward my account to a collection agency, I will also be responsible for the fee charged by the agency for the costs of collection in addition to the original amount due. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to me, the patient.

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Name of Patient (please print)

Patient's Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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Name of Parent or Legal Guardian, if Patient is a under 18 (please print)

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Signature of Patient or Parent/Legal Guardian if Patient is under 18

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Date