

Carolina Neurological Clinic

FINANCIAL POLICY

The Physicians and staff of Carolina Neurological Clinic are please that you have given us the opportunity to manage your health care needs. You are important to us and we value the relationship we have with you. We want to work with you to manage the financial responsibilities you incur as our patient.

PARTICIPATING PROVIDER PLANS:

- Our Billing Department will file your insurance for services rendered.
- The patient is responsible for completing a patient information sheet and presenting all current insurance cards.
 - This will be done once each year and again anytime there are changes to insurance or personal information.
 - Failure to supply our office with current Insurance Cards and personal information, prior to your visit, may result in your being responsible for the visit and/or administration fee.

THE PATIENT IS RESPONSIBLE FOR ALL COPOAYS, DEDUCTIBLES, CO-INSURANCE AND NON-COVERED SERVICES AT THE TIME OF SERVICE: NOT AFTER INSURANCE HAS PAID.

- Our contracts with these carriers require that we collect the co-pay at the time of your visit.
 - To facilitate patient flow, we may ask that you pay your co-pay at the Check-In desk prior to being seen.
 - All outstanding balances will be collected at the Check-In desk prior to being seen (*Unless other arrangements have been made in advance with our Billing Department)
 - If your deductible has not been met, you must be prepared to pay at the time of service.
 - If your deductible has been met we will collect the percentage you are responsible for (according to your Insurance Policy) at the time of service. This is usually 20%.
 - Secondary Insurance: We will file your secondary coverage as a courtesy; **however, if your secondary does not cover your primary carrier's deductible, co-pay, or non-covered service we will collect this at the time of service.**
- The patient is responsible for insurance follow-up with their plan regarding annual employer claim forms, accident/injury information and terminated insurance plans.
 - We will file your claim twice to your insurance company. If there is no response the bill will become patient responsibility.
 - **NON-PARTICIPATING PROVIDER PLANS:**
 - The patient is responsible for the full balance at the time of service, ***unless other payment arrangements have been made in advance with our Billing Department.**
 - A receipt will be provided to you so that you may file and be reimbursed.
 - **SELF-PAY PATIENTS:**

Patients with no insurance coverage will be considered self-pay. Self-Pay patients will sign this form indicating that they have NO insurance coverage. Self-Pay patients are responsible for the full balance at the time of service. ***unless other arrangements have been made in advance with our Billing Department.**

- **COMPLETION OF VARIOUS FORMS:**

- Completion of non-treatment paperwork such as disability and life insurance forms will be subject to a fee of \$10.00 per page, due prior to the forms being returned.
- Forms requiring extensive physician involvement may incur higher fees.
- Medical records copied for patient use will need a medical release to be filled out by the patient and will be charged at \$0.15 per page, due prior to the records being released.

- **COLLECTIONS**

- Collection notices begin if the balance has not been paid within 90 days.
- All unpaid balances will be sent to an outside collection agency after all practice efforts have been exhausted. Patients with balances that have been turned over to an outside collection agency will not be seen until the account is settled.

PLEASE COMPLETE BELOW:

_____ I DO NOT have Health Insurance Coverage

_____ I have Health Insurance Coverage with _____
(company name)

****If you have a financial hardship and are unable to meet your obligation, our billing staff can help you set up a payment plan.**

Patient/Guardian Signature

Date

Print Patient Name

If signature other than Patient: NAME _____ Relationship _____