

**COASTAL CAROLINA FAMILY PRACTICE
600 SOUTH CHURCH STREET
HERTFORD, NC 27944**

**IF YOU HAVE ANY QUESTIONS CONCERNING YOUR TREATMENT OR BILL FOR
SERVICES, PLEASE CONTACT US IMMEDIATELY
PHONE: 252-426-5711**

PAYMENT POLICY

YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR BALANCE **REGARDLESS** OF INSURANCE COVERAGE, LIABILITY OF ANOTHER PARTY, OR REPRESENTATION BY AN ATTORNEY.

We will file personal health insurance for you. You will be responsible for any deductible and/or co-payment. You are responsible for any treatment cost not covered or not reimbursed in a timely manner by insurance or third party payer.

If you are not covered by personal health insurance, you will be required to make payments toward your charges each month. If you are not able to make monthly payments, you must make acceptable payment arrangements with the Office Manager *before* receiving treatment.

This practice serves all patients regardless of ability to pay. Discounts for essential services are offered depending upon family size and income. You may apply for a discount at the front desk.

If you are involved in any liability or legal proceedings, for example, an automobile accident where someone else is at fault, and you are working with auto insurance companies or an attorney, please advise us. However, *we will not hold your account until settlement*; your balance will be due in full within 90 days. You are responsible for your balance and will be required to follow all payment policies on this page, even if an attorney represents you.

If your account becomes delinquent it will be forwarded to a collection agency, and you will be responsible to pay all reasonable collection and handling charges on the outstanding balance. Your account may be subject to finance charges of 1.5% per month on all unpaid balances.

In the event that your account must be referred to an Attorney for Collection proceedings, we reserve the right to request recovery of reasonable counsel fees incurred for collection in addition to your outstanding balance.

Failure to keep this account current may result in you being unable to receive additional services except for in emergencies or where there is prepayment for additional services.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Coastal Carolina Family Practice.

I authorize Coastal Carolina Family Practice to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date

Patient or Guardian Signature

Print Name

Coastal Carolina Family Practice

Patient Payment Policy Q&A

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

How May I Pay?

If you have a high deductible insurance plan, we will check to see if you've met your deductible. If not, we will request payment for your visit and associated procedures **at the time of your visit**. We accept payment by cash, check, VISA, Mastercard, American Express and Discover. Payments can also be made via our Patient Portal.

Which Plans Do You Contract With? *(this is not an all-inclusive list; if you do not see your insurance company listed below please check with our office to be sure we participate with your insurance carrier)*

| | |
|----------------------------|-------------------|
| Medicare | Carolina Access |
| Medicaid | Humana |
| Aetna | Medcost |
| Accordia | NC Health Choice |
| Alliance | Optum |
| Blue Cross and Blue Shield | Tricare |
| Cigna | United Healthcare |

What Is My Financial Responsibility for Services?

Look for your particular scenario(s) in the table below to see your financial responsibility, which may depend on a variety of factors. Please note, you may also receive separate statements from other providers if you receive additional services during, or related to, your visit today (for example lab test, x-rays, etc.).

Associated Fees:

- Recollection Fee: \$5.00 (if copays are not paid at the time of service we reserve the right to charge a recollection fee)
- No Show Fee/Policy: \$25.00 (for appointments not cancelled with 24hrs notice we reserve the right to charge a no show fee, after 3 no shows we reserve the right to discharge you as a patient)
- Finance Charge: Your account may be subject to finance charges of 1.5% interest per month on all unpaid balances
- Collection/Handling Fee: Based on percentage of outstanding balance as well as reasonable counsel fees incurred for collection.

Office Visits and Office Services

| If You Have... | You Are Responsible For... | Our Staff Will... |
|---|--|---|
| <p>Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."</p> | <p>Payment of the patient responsibility for all office visit, x-ray, injection, and other charges at the time of office visit.</p> | <p>Call your insurance company ahead of time to determine deductibles and coinsurance.</p> <p>File an insurance claim as a courtesy to you.</p> |
| <p>HMO & PPO plans with which we have a contract</p> | <p>If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit.</p> <p>If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.</p> | <p>Contact your insurance company ahead of time to determine copays, deductibles, and non-covered services for you.</p> <p>File an insurance claim on your behalf.</p> |
| <p>HMO with which we are not contracted.</p> | <p>Payment in full for office visits, x-ray, injections, and other charges at the time of your office visit.</p> | <p>Provide the necessary information for you to complete and file your claim directly with the insurance company.</p> |
| <p>Point of Service Plan or Out Of Network PPO</p> | <p>Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.</p> | <p>Contact your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services.</p> <p>File an insurance claim on your behalf.</p> |
| <p>Medicare</p> | <p>If you have Regular Medicare, and have not met your \$183 deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.</p> | <p>File the claim on your behalf, as well as any claims to your secondary insurance.</p> |
| <p>Medicare HMO</p> | <p>All applicable copays and deductibles at the time of the office visit.</p> | <p>File the claim on your behalf, as well as any claims to your secondary insurance.</p> |
| <p>Worker's Compensation</p> | <p>If we have <u>verified the claim</u> with your carrier, no payment is necessary at the time of the visit.</p> | <p>Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and</p> |

| If You Have... | You Are Responsible For... | Our Staff Will... |
|---|---|--|
| | If we are <u>not able to verify your claim</u> , payment in full is requested at the time of the visit. | referral procedures. |
| Worker's Compensation (Out of State) | Payment in full is requested at the time of the visit. | Provide you a receipt so you can file the claim with your carrier. |
| Occupational Injury | Payment in full is requested at the time of the visit. | Provide you a receipt so you can file the claim with your carrier. |
| No Insurance | Payment in full at the time of the visit. | Work with you to settle your account. Don't hesitate to ask to if you need assistance. |