



## Patient Financial Responsibility Agreement

It is in your best interest, as a patient, to know and understand your insurance plan benefits and your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered in all insurance contracts. In addition, you should be sure that your physician is listed as a participating provider by your insurance company. If your insurance plan does not cover a service or procedure, you are responsible for payment of these charges.

In the event that your insurance is not valid, or your coverage is not active at the time the services are rendered; you will be solely responsible for the full amount of your office visit and/or any procedures rendered.

In addition, if your insurance plan determines a service or procedure to be “not covered,” you will be responsible for the complete charge of such services.

We ask all patients to review and sign this policy, asking questions as necessary. A copy will be provided to each patient upon request.

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**1. Insurance:** We accept assignment and participate in most insurance plans. If your insurance is not a plan we participate in, payment in full is expected at each visit. A list of our plans we participate with can be found on our website or you may obtain one by simply asking our front desk staff. Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.

**2. Patient payment:** All copayments and deductibles are to be paid at the time of service. This arrangement is part of your contract with your insurance company.

**3. Forms:** There is a \$15 fee for completing FMLA, sick leave, AFLAC, and disability insurance forms. This fee must be paid before the forms are completed.

**4. Registration:** All patients must complete our patient information registration, which will be entered into our computer to maintain accurate information for proper billing. We must obtain a copy of your driver’s license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions; if a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.

**5. Claims:** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.

**6. Self-Insured/Uninsured patients and Non-Covered Services:** We offer a 25% discount to our patients who do not have insurance and for charges for services that were considered as non-covered by insurance. Please be advised that the discount is only good when the charges are paid at the time of service. If the charges are not paid at the time of service, the discount will be removed and payment of the full charge will be expected before the next visit. If you require a payment plan for your balance, we can arrange a 3-month payment plan for any remaining balance. Any account balance over 90 days will be subject to review for collection action.

**7. Credit and collection:** If your account is more than 90 days past due, and if a balance has remained unpaid, it may be sent to a collection agency.

**8. No Show-Missed appointments:** Our policy is to charge \$40 for missed appointments that were not canceled more than 24 hours in advance. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment. (Please see our Cancellation and No Show Policy and Late Arrival Policy on our website or ask our front desk for a copy).

**9. Laboratory Test Charges:** As a courtesy to our patients, we will collect patient specimens and send them along with your insurance information to one of our laboratory service providers. You may receive a bill directly from the laboratory for any outstanding charges that were not covered by your insurance. You are responsible to pay for any laboratory services performed on your behalf. Currently, we send laboratory specimens to Rex Lab, LabCorp, and UNC McLendon Lab.

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**Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.**

**I have read and understand the financial policy and agree to abide by its guidelines.**

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to patient  
(if not the patient)