

FINANCIAL POLICY
For Central Carolina Surgery, PA

Patient Name _____

Account # _____

It is our office policy to inform our patients of their financial responsibilities. Please review the section below that is applicable to you.

1. Patients With Insurance (In Network)

You are responsible for deductibles, co-pays, non-covered services, co-insurance and items considered “not medically necessary” by your insurance company. Please pay co-payments, co-insurance, and not medically necessary services as they are rendered. The remaining balance should be taken care of within thirty (30) days of notice from your insurance company. If you or your insurance carrier makes payment exceeding your balance, reimbursement will be remitted. If payment cannot be made at each visit, notify the front-desk staff to make arrangements for you to speak with a financial counselor. **Any outstanding balance for bariatric surgery is due within 30 days from insurance payment.**

Insurance referrals are the responsibility of the patient. Patients must call their primary care physicians for referrals prior to their appointment. Patients without referrals will be required to pay their balance in full when services are rendered.

2. Patients With Insurance (Out of Network)

We expect payment for your care at each patient visit. We will file your insurance asking them to reimburse you. If payment cannot be made at each visit, please ask the front desk staff to assist you in talking with a financial counselor.

3. Worker’s Compensation Patient

As a Worker’s Compensation patient you may be covered by insurance if your injury is reported at work and verified with your employer. Be sure to inform the office personnel that your injury resulted during employment. Patient is ultimately responsible for balance. **ALL PATIENTS REQUIRING SURGERY MUST HAVE AUTHORIZATIONS FROM THEIR EMPLOYER’S INSURANCE CARRIER PRIOR TO SCHEDULING SURGERY.**

4. Personal Injury (Accident)

If you are a personal-injury patient, our office will bill the appropriate **medical insurance companies (we do not file third party liability)**. If we are unable to obtain payment, the charges for the services rendered will be your responsibility. Please give all information needed for billing. If an attorney is involved and asks you not to submit insurance claims, a doctor’s lien must be signed by you and your attorney.

5. Medicare

Our office will submit your Medicare charges to the designated Medicare carrier and your secondary insurance. You are responsible for deductibles, co-pays, and any non-covered services.

6. Patients without Insurance (Private Pay)

We expect payment for your care at the time of service. If payment cannot be made at each visit, please ask the front desk staff to assist you in talking with a financial counselor.

****Varicose Veins are usually considered “not medically necessary” and payment is due at time of service****

I have read and agree to the Financial Policy stated above that applies to me and I agree to the financial arrangements as outlined.

Patient or responsible party signature Date

Person signing on behalf of patient (print name) Reason patient unable to sign

Relationship to patient Address Phone