

## **FINANCIAL POLICY OF CAROLINA MEDICAL CONSULTANTS**

It is our policy to provide quality care to our patients. We ask your cooperation by assisting us with our financial policy.

**Contracted Insurances:** We will file and accept assignment on all contracted insurances. We will file in a timely manner from the date of service. Patients are expected to pay co-payments and deductibles at time of service. Depending on the policy, services deemed non-covered or not medically necessary will be the patient's responsibility. Referrals must be presented prior to the visit. Patients are responsible for presenting their current insurance card.

**Medicare:** We accept assignment for established patients, which means we will file all Medicare claims. The patient is responsible for deductibles, co-payments, and non-covered services.

**Secondaries:** We will file to participating secondary insurances.

**Medicaid:** We will file and accept assignment with traditional Medicaid for established patients, but only if the current Medicaid card is presented at each visit. We do not file HMO Medicaid.

**Workers' Comp:** Authorization for Workers' Compensation must be received and verified prior to the appointment. If this is unavailable, you will be expected to pay in full at time of service.

**MVA:** MVA patients are to pay in full at time of service.

**Self-Pay:** Payments are expected in full at time service unless other arrangements are made. Self pay patients will be given a 15% discount if they pay in full at the visit.

### **Additional Information:**

You will be charged an additional fee of \$30.00 for any check returned to our office for non-payment.

Please have updated insurance and personal information ready at check-in.

You may request assistance with your outstanding balance by arranging a payment plan.

Non-payment of your copay at time of service will result in a \$10.00 charge.

Missed appointments may result in no show fees of \$15.00 to \$45.00.

Patients are responsible for fees not covered by their insurance plans per their contracts.

I have read and understand these policies:

\_\_\_\_\_  
Patient's or Guarantor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Printed Name