

RALEIGH ENDOCRINE ASSOCIATES

ENDOCRINOLOGY, DIABETES & METABOLISM

Financial Policy/Insurance Authorization

Due to the number of new plans available on the market and the constant changes in insurance carrier policies, Raleigh Endocrine Associates will not guarantee insurance coverage or payment for any service. Patients are responsible for understanding their own coverage, co-pays, deductibles and any referral or other requirements. You will be solely responsible for all unpaid balances. Raleigh Endocrine Associates will file with your insurance based on the information you have provided at the time of service. We will make reasonable efforts to address denied claims.

PATIENT RESPONSIBILITIES:

- At each visit, you will provide your current and correct insurance information. You will be asked to show your current insurance card and driver's license. New patients who do not have a card will be asked to pay in full at the initial visit. Existing patients with insurance who do not present a card will be asked to sign a waiver accepting full responsibility for any charges related to services provided on that date. Claims rejected due to incorrect or incomplete information provided by the patient will be the patient's responsibility.
- If you have an insurance that requires a referral, you will need to present a printed copy of the referral at check-in. If you do not have your referral, you will be asked to sign a waiver accepting full responsibility for any charges related to services provided on that date.
- Your co-pay is expected at the time of service.
- **If your insurance fails to pay your claim for any reason, you will be responsible for contacting your health plan for payment inquiry.**
- Patients will be notified of all balances unpaid by your insurance. All unpaid balances will be sent to collections 90 days from receipt of the explanation of benefits.

APPOINTMENTS: Patients are seen by appointment only. We realize your time is valuable and we do our best to honor your appointment time; however, unforeseen emergencies and delays may occur.

CANCELLATION FEES: All cancellations require 24 hour advance notice to avoid any charges. Patients will be required to pay all no show/cancellation fees prior to any rescheduling.

- **Same-day cancellations and no-shows for new patient consultations and established re-consultations will be charged a \$100 fee.**
- **Same-day cancellations and no shows for follow-up visits will be charged a \$75 fee.**

SELF-PAY AND NON-PARTICIPATING INSURANCE:

- Self-pay is anyone that does not have health insurance. Payment is expected in full at the time of service without exception. Self-pay patients must sign Raleigh Endocrine's separate Self-Pay Policy describing all terms and conditions of being seen as a self-pay patient.

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- Non-contracted insurance plans are considered non-participating and will be processed as out-of-network. All charges will be subject to deductibles and out of network benefits, if any.
- All claims will be filed as a courtesy, to all insurance companies when presented with a valid and current insurance card.
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RETURNED CHECKS: Returned checks are subject to a \$30.00 service fee.

MEDICAL RECORDS & FORMS: There is a \$30.00 fee for medical records. Medical forms that require physician completion and signature, and specially requested letters are subject to a fee of \$20 to \$60.00.

PHONE SERVICES: Physicians may need to contact patients, family members or others which could result in additional charges which are not covered by insurance. These charges typically bill at \$17-\$27 per call, based on length and complexity.

Raleigh Endocrine Associates reserves the right at any time to suspend appointments, or refer you for care elsewhere for non-payment.

Insurance Coverage Information- Primary:

Company Name: _____ Policy #: _____ Group: _____

Subscriber Name _____ DOB: _____ Relationship to Patient: _____

Insurance Coverage Information- Secondary:

Company Name: _____ Policy #: _____ Group: _____

Subscriber Name _____ DOB: _____ Relationship to Patient: _____

I have read, understand and agree to this Financial Policy. The information I have given is correct and accurate to the best of my knowledge. I hereby authorize Raleigh Endocrine Associates and its providers to bill my insurance as given and collect payment directly from my insurance for any and all services provided by Raleigh Endocrine Associates. I hereby guarantee payment to Raleigh Endocrine Associates and its providers for any and all services rendered in the event insurance does not cover all fees.

Print Name of Responsible Party

Signature of Responsible Party

Date

BILLING OFFICE: For all billing inquiries call **919- 442-2406.**