

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. In addition, Raleigh Endocrine Associates will be introducing a Credit Card on File program. All patients will be required to participate in Credit Card on File or pay for services at the time of visit.

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. All patients will be asked for credit card information to cover any remaining co-insurance or deductible. (See Credit Card on File).
- Upon processing of all claims, any remaining balances will be processed through the Credit Card on File program. **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.**
- Cancellation and no-show fees will be automatically charged to your credit card on file. Due to the inability to fill same day slots and the corresponding costs associated with open schedules, Raleigh Endocrine Associates reserves the right at any time to suspend appointments for multiple same day cancellations or no shows.

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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.
- 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.

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 \$30-60 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.**

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Credit Card on File Program Overview and FAQ

Effective immediately Raleigh Endocrine Associates will offer Credit Card on File to our patients. This is a new way for you to pay your balance without receiving paper statements from us. You will still receive your Explanation of Benefits (EOB) from your insurance company showing what you owe according to your insurance contract.

Why the change? With the changing environment in healthcare, more financial responsibility is being placed on patients. As a result, healthcare providers are seeing unprecedented levels of unpaid balances due primarily to increased deductibles. As a private practice, unfunded by the state or federal government, we cannot afford to write down higher and higher balances on a consistent basis. In addition, patients are often confused by their coverage and unprepared for the balances left by their policy. This leads to long, confusing and complicated collections processes often ending with collection agencies. This process is expensive for both the patient and the practice. The goal of Credit Card on File is to simplify the collection process and reduce the number of long standing accounts being sent to collections.

What is Credit Card on File (CCOF)? CCOF is a system where we keep credit card information on file with a PCI compliant third party to process balances. The credit card information is NOT kept on file here in our office or on any of our computers. We use a gateway that is completely HIPAA compliant as required by law. Once we receive the EOB for the services you received, we will process the balance owed to us. We will access the third party to process a payment.

Here's how it works: At check-in, we will still collect payment for your regular co-payment or co-insurance amount. We will not usually know the exact total amount that you owe us until we receive the Explanation of Benefits (EOB) from your insurance company, which is usually several weeks later. That's when we will charge your credit card for the balance owed, if any. The amount we are collecting is the same amount that you would ordinarily receive a bill for in the mail. The difference is that you will not have to call into the office or write a check to make a payment. It will not cost you a stamp or the time to mail the payment.

How will I know how much you are going to charge me? You will receive a letter in the mail from your insurance carrier that explains the cost for your office visit, how much they pay, and how much you pay according to the terms of your plan. This is called your Explanation of Benefits, or EOB. We receive the same letter that you do. It arrives 15-30 days after your charges are filed. We look at each EOB carefully and see what your insurance has assigned as patient responsibility. This is the same way we would normally determine how much to bill you via mail.

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What if I can't afford the whole balance? Raleigh Endocrine Associates will set the maximum initial charge to \$300.00. If the balance on the Explanation of Benefits exceeds \$300.00, you will receive a courtesy call prior to the card being charged the excess balance. If you need to make partial payments over several months, CCOF will conveniently provide this option. You will be required to sign a CCOF payment plan authorization, setting the amount per month that will be applied automatically using the credit card on file. Payment plans will be set at a maximum duration of six months for high balances.

How can I trust that you will keep my credit information safe? We do not keep any credit card information on file in the office or on any of the computers we have. We use a secure gateway that is compliant with encryption standards as required by law.

I have two insurances and I am covered at 100%, so I will never have a charge. Do I still need to give you a credit card? Even with dual insurances, there are often times a patient still has some responsibility. Please keep in mind, we will not charge your card if you do not owe anything.

What if I need to dispute my bill? We will always work with you to understand your EOB, and we will refund you via the same credit or debit card if we've made a billing error. We will only charge the amount that we are instructed to charge by your insurance carrier.

What if I choose not to participate? Any patient not participating will be required to pay their co-pay plus a \$200 deposit at the time of service. Patients who cannot pay the deposit and do not wish to participate in the Credit Card on File program will not be allowed to schedule until the all claims have been processed by the insurance company and any remaining balances are paid in full.

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Authorization for Credit Card On File

Authorization:

Until further notice, I authorize Raleigh Endocrine Associates to keep my signature on file and to apply charges to the credit card listed below for patient-responsible balances on my account.

I understand that once insurance has paid their portion for my care, I will receive an Explanation of Benefits detailing any remaining portion to be paid by me from my insurance carrier, and that Raleigh Endocrine Associates will also receive an Explanation of Benefits. I agree that Raleigh Endocrine Associates may charge my credit card on file for the balance due once they receive the Explanation of Benefits from my insurance carrier. By signing below, I authorize my card to be run in lieu of receiving a statement.

I understand that the maximum initial amount to be charged to my credit card will be \$300.00. If the balance due on the explanation of benefits is more than \$300.00, I will receive a courtesy call to discuss the remaining balance prior to my card being charged.

I understand that I must contact Raleigh Endocrine Associates if there are any changes to my credit card information to include, but not limited to, card expiration, lost/stolen cards, credit limit reached, card reissue, or any additional reason that might affect proper processing of the card on file. I understand that should attempts to charge my credit card for patient responsibility amounts as assigned by my insurance carrier be declined for any reason, I will receive statements for the balance due and, as with any negligent patient balances due to Raleigh Endocrine Associates, my account may become eligible for turnover to a collections agency if I fail to respond in a timely manner.

Type of credit card: Visa MasterCard
 American Express Discover

Last 4 Digits: _____ Expiration Date (MM/YY): _____

Printed Name _____

Patient signature _____ Date _____

All credit card information will be stored with PayLeap, a secure credit card processor that partners with Raleigh Endocrine Associates to collect payments.