

RALEIGH ENDOCRINE ASSOCIATES

ENDOCRINOLOGY DIABETES & METABOLISM

Financial Policy *Update Effective May 1, 2019*

PATIENT RESPONSIBILITIES:

- **You will be asked to show your current medical insurance card at every visit. New patients will also need to show a valid government-issued photo ID.** 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 current insurance card will be asked to sign a waiver accepting full responsibility for any charges related to services provided on that date, should your insurance not be able to process your claim, or if we are unable to file a claim due to not having your current and correct medical insurance information.
- If you have an insurance plan 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 specialist co-pay is expected in full at the time of service.**
- If your insurance fails to pay your claim for any reason, you will be responsible for contacting your medical insurance plan for payment inquiry.
- You 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. Raleigh Endocrine Associates reserves the right at any time to suspend appointments, or refer you for care elsewhere for non-payment.

APPOINTMENTS: Patients are seen by appointment only. Please arrive **at least 15 minutes prior** to your appointment time to allow sufficient time for the check-in process. Should you arrive more than 10 minutes past your appointment time, you may be asked to reschedule your appointment. 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.
Due to the inability to fill same-day slots and the corresponding costs associated with open schedules, Raleigh Endocrine Associates reserves the right to suspend appointments for multiple same-day cancellations or no-shows.

SELF-PAY AND NON-PARTICIPATING INSURANCE:

- All patients without insurance are expected to pay in full at the time of service without exception. We accept cash, check, Visa, MasterCard, Discover, and American Express.
- Non-contracted insurance plans are considered non-participating and will be processed as out-of-network. All charges will be subject to all applicable co-pay, co-insurance, deductible, and out-of-network benefits, if any.
- All claims will be filed as a courtesy, to all insurance companies when presented with a current and valid insurance card.

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RETURNED CHECKS: Returned checks are subject to a **\$30** service fee.

MEDICAL RECORDS & FORMS: There is a **\$30** 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.

PHONE SERVICES: Our physician on-call is available to you after hours by calling our main office number. Should you need to contact the physician on-call, this may result in additional charges which are not covered by insurance. These charges typically bill at \$30-60 per call, based on length and complexity. Unfortunately, we are not able to handle new prescription or medication refill requests after office hours. If you have a medical emergency, we recommend that you visit your nearest hospital or emergency department.

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

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: _____

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, co-insurance, deductibles and any referral or pre-authorization requirements.

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 Patient/Responsible Party

Signature of Patient/Responsible Party

Date

Office Use Only:

Patient #