



CAROLINA CHILD NEUROLOGY

FINANCIAL POLICIES

Thank you for choosing Carolina Child Neurology, PLLC for your neurology needs. We are committed to treating your illness successfully. Please understand that payment of your bill is part of your treatment. The following is a statement of our Financial Policy.

All patients must complete our Information and Insurance Form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE. We accept both Debit Cards and Credit Cards (Visa, Master, and Discover), Cash and Personal Checks made payable to "Carolina Child Neurology".

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 30 days, the balance may automatically become your responsibility. We are participating providers with all major insurance plans including Tricare, all co-pays and deductibles are due at the time the services are rendered. Carolina Child Neurology, PLLC will file your insurance claim. **HOWEVER**, it is the patient's responsibility to provide our office with current insurance information and signed authorization giving us consent to file your insurance claim.

Usual and Customary Rates

Our practice is committed to providing the best medical treatment to our patients and we charge what is usual and customary for our area.

Self-Pay

We do see patients that are "self-pay" or uninsured. However we require a truth and lending form to be signed by the patient. This form is an agreement between our office and the patient, to establish a payment plan for the services rendered. We require a portion of your bill to be paid at the time this agreement is signed. Any account that is more than 90 days old without payment or other approved arrangements will be turned over for further collection procedures.

New patients without health insurance will be required to bring a entire visit payment to their first office visit.

Missed Appointments

Unless canceled at least 24 hours in advance for office visit, our policy is to charge \$25.00 for two consecutive missed office visit appointments. Insurance companies will not cover these charges so it is extremely important to keep your scheduled appointments.

Returned Checks

If your check is returned to us for Non- Sufficient Funds or Closed Accounts we will charge you the fee that our bank has charged us. This is a \$60.00 fee on top of the amount of your check. Keep in mind that even if you have health insurance the fee for service is ultimately the patient's responsibility. Thank you for understanding our Financial Policy. Please let us know if you have any questions.

I have read and agree to this Financial Policy:

X _____ Date _____

(Signature of Patient or Responsible Party)