

CAROLINA SPORTS MEDICINE INSURANCE POLICY

Welcome to our practice. We are committed to providing you with the best possible care and we are open to discussing our professional fees with you at any time.

Currently, we will file all claims for United Healthcare; Cigna; Blue Cross Blue Shield (claims that go to NC); Medicare; Medicaid; Medcost; Aetna/ProNet; and Tricare. However the deductible and co-payment may be required at the time of the visit. We file secondary insurances as a courtesy one time.

For all other insurances we will provide you with the required information so your insurance company can reimburse you after paying our bill in full at the time of visit.

If surgery is performed or if a fracture fee is charged, we will file insurance for you. However, you will be required to pay all appropriate co-payments and deductibles on or before your preoperative visit.

Insurance is a contract between you and your insurance company. We are not a party to this contract. We cannot become involved in disagreements between you and your insurance company regarding deductibles, co-payments, covered charges, etc. If your claim is denied, it is your responsibility to investigate the reason for the denial.

Ultimately, you as the patient are responsible for any charges incurred on your behalf, regardless of your insurance status.

CAROLINA SPORTS MEDICINE FINANCIAL POLICY

Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions.

As per above, payment is due at the time of service. We accept cash, checks, Visa and Mastercard.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month. Charges may also be made for broken appointments and appointments cancelled without 24 hour notice.

We realize that temporary financial problems may affect timely payments of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Thank you for understanding our financial and insurance policies. If you have any questions about the above information, do not hesitate to ask us. We are here to assist you.

Patient Signature: _____ Date: _____

Witness: _____ Copy given to patient: _____