

RALEIGH ENDOCRINE ASSOCIATES

ENDOCRINOLOGY DIABETES & METABOLISM

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Financial Policy

OFFICE HOURS

Our office is open Monday through Friday 8:00am to 5:00pm. You may reach us by phone until 4:30pm daily. If you have an emergency after hours, the answering service will contact the doctor on call. **Please Dial 911 if the emergency is life threatening.**

APPOINTMENTS

Patients are seen by appointment only. We realize your time is valuable and we do our best to honor your appointment time. Our practice may encounter unforeseen emergencies and delays may occur. We ask for your patience and understanding during these times. If you are unable to keep your appointment, we request that you notify us at least twenty-four hours in advance to avoid any charges.

Due to constant changes and demands of healthcare plans, we ask for your cooperation in providing us with the following:

- Your current and correct insurance information. Please provide a copy of your insurance card and driver's license.
- Your co-pay is expected at the time of service.
- If you have an HMO that requires a referral we will expect that you present that at check in. If you do not have your referral you may be rescheduled or sign a waiver and become self pay for that visit.

***If your insurance fails to pay your claim in a timely manner, you will be responsible for the balance and for contacting your health plan for follow up. We will send out a statement notifying you of these circumstances.**

SELF PAY AND NON-PARTICIPATING INSURANCE

- "Self pay" is anyone that does not have health insurance nor has an insurance with which Raleigh Endocrine Associates does not participate. We will only file claims, as a courtesy, for our patients that are participating with the plans with which we are contracted. **Payment is expected in full at the time of service for all self pay patients, for services that are considered "non-covered" and for patients who have an annual deductible that needs to be met before their insurance carrier will pay benefits.**

***All balances will be expected to be paid in full before services are rendered unless prior arrangements have been made.**

RETURNED CHECKS

Returned checks are subject to a \$30.00 service fee.

MEDICAL RECORDS & OTHER FORMS

You will be charged according to the North Carolina Statute. There is a \$35.00 fee for medical records.

Medical forms that require physician signature are subject to a \$20.00 - \$25.00 fee.

PHONE SERVICES/LETTERS

Physicians may need to contact patients, family members, or others, which could result in additional charges; insurance may not pay for these services. You will be responsible for any additional fees the insurance company does not cover. These charges typically bill at \$17/\$27 per call based upon length and complexity. Also, our physicians may need to write a letter on your behalf, please note this may be subject to an additional fee determined by your physician.

We thank you for your patience and understanding.
I have read, understand and agree to this Financial Policy.

Print Name of Responsible Party

Signature of Responsible Party

Date