



# Carolinus Physicians Network

## PAYMENT POLICY & PATIENT STATEMENT OF RESPONSIBILITY

### TO OUR VALUED PATIENTS:

**THANK YOU** for choosing Carolinus Physicians Network for your healthcare services. We strive to provide the highest quality of care yet keep your healthcare costs as low as possible. These policies reflect our efforts to reduce healthcare costs. We appreciate your full cooperation.

**FOR YOUR CONVENIENCE** we accept any debit or credit card with the MasterCard, Visa, Discover, or American Express logo, as well as your personal check or cash.

**PAYMENT (such as co-pays, deductibles & co-insurance)** is required at the time of service. We request that you do not ask to be billed. Patients repeatedly asking for exceptions will be directed to a supervisor or practice manager.

**INSURANCE CARDS must be presented at each visit.** You may feel this is unnecessary, but insurance plans are becoming more complicated, and cards, policy numbers, and renewal dates are constantly changing. In order for us to file your claims with the appropriate plan, we must have the most recent card presented. **If you arrive without your card,** you will be responsible for all charges until the billing office has received complete, current, and accurate insurance information. Most plans require we file your claim within 90 days from the date of service. If we have not received your information within that time, you will remain responsible for all charges incurred up to the date you provide us with your insurance information and we receive payment from the insurance plan. Any balance you owe should be paid within thirty days.

**MEDICARE PLANS** are more numerous and complicated. Carolinus HealthCare System and Carolinus Physicians Network participate with **Traditional Medicare (Part A & Part B)** and a limited number of Private Fee-for-Service (PFFS) Medicare Advantage Plans. We do not accept any Non Private Fee-for-Service Plans except for emergency situations. Please notify the front office immediately if you have recently changed Medicare plans. Medicare deductibles and co-insurance are expected at the time of service. As a participating provider with Medicare and a limited number of PFFS, we will file your claim to Medicare and if applicable, to your secondary insurance carrier.

**MANAGED CARE PLANS** have a network of participating providers. We participate with most major plans, but please contact your plan or check their website or call our office for confirmation before your visit. Applicable co-pays, co-insurance and deductibles are expected at time of service. You will also be billed for any non-covered services for which you are liable after your insurance pays their share. If you have a managed care plan that we do not participate with, you will be expected to pay the bill in full at the time of service.

**OTHER INSURANCES** are those plans we do not participate in. You may be responsible for payment in full at the time of service. As a courtesy, we will file your claim.

**WORKER'S COMPENSATION** may or may not be accepted by your provider. Please check with your provider before making an appointment. If your provider accepts Worker's Compensation, you will be seen upon approval and authorization by your employer with the proper documentation.

**MEDICAID** may not be accepted by your provider. Please check with your provider's office before making an appointment. If your provider does accept Medicaid, **you will need to bring your current Medicaid Identification Card to each visit.** Failure to bring the current card may result in your appointment being rescheduled. If there is a co-pay with your plan, you will be expected to pay it at the time of service.

**HEALTH SAVINGS ACCOUNTS/HEALTH REIMBURSEMENT ACCOUNTS** are being promoted so that patients can have more control over managing their health care spending. These accounts will be patient specific so it is important you are aware of all benefits, deductibles, and co-payments. The deductible and co-payment will be expected at the time of service.

**SELF PAY PATIENTS** are those patients who **do not have insurance coverage.** Self pay patients will be given a 25% discount off the charges for services provided and are expected to pay a minimum of \$50.00 at the time of service. This discount also does not apply to those patients who may have insurance, but we do not participate with their plan.

**MEDICAL FORMS/MEDICAL LEAVE/DISABILITY FORMS** will be completed within 7 to 10 business days upon receiving the form in the office. Please make sure you allow plenty of time for completion of these forms. Emergencies will be handled on a case by case basis. There may also be a fee for completion of these forms.

We thank you for taking time to read and understand our policies. Please let us know if you have any questions. Again, our office should be notified immediately of any changes in insurance coverage or primary care assignment.

**I understand my responsibilities as outlined above and will abide by them.**

Patient/Guardian Name \_\_\_\_\_

Patient/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_