



1002 N. Church Street, Suite 302 | Greensboro, NC 27401  
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## FINANCIAL POLICY (PRIVATE INSURANCE AND SELF-PAY PATIENTS)

Name: \_\_\_\_\_ MRN: \_\_\_\_\_  
(Please Print)

Any healthcare insurance policy that you may have is a contract between you and your insurance company or employer. Central Carolina Surgery, P.A. will assist you to obtain payment from any healthcare insurance policy for medical services and goods that you receive at our practice; however, you remain primarily responsible to pay for all medical services and goods that you receive from Central Carolina Surgery, P.A.

### OUR FINANCIAL POLICY

Initial	<b>You are responsible for co-payments, coinsurance and deductibles.</b> Depending upon the insurance coverage; you may be responsible for a co-payment, coinsurance or deductible. Some insurance carriers charge co-pay for each type of provider seen during one day. Therefore, if you are seen by more than one provider in the same day, you may be responsible for more than one co-payment. <b>Central Carolina Surgery, P.A. requires that co-payments be made at the time of service.</b> You also remain responsible for any balances remaining due to co-payment, coinsurance or deductible.
Initial	<b>Payment is Due When Services are Provided.</b> Central Carolina Surgery, P.A. requires payment of all charges on or before the date services are rendered unless (i) you are covered by a health plan that contracts with Central Carolina Surgery, P.A. and (ii) your health plan provides coverage for the medical goods or services that you receive. In the event that you are covered by a health plan that contracts with Central Carolina Surgery, P.A., you will still be asked to pay all applicable co-payment, coinsurance and deductible amounts on the date of service.
Initial	<b>Payment Methods and Return Check Fee.</b> Central Carolina Surgery, P.A. accepts MasterCard/Visa/American Express/Discover, personal checks, money orders, or cash. <b>If the bank returns your check as "Un-payable," you will be charged a \$25.00 service charge, which will be due, along with the amount of the returned check, within five (5) business days.</b>
Initial	<b>Prompt Payment of Mailed Invoices.</b> In the event you receive a statement in the mail from us for payment, it is your responsibility to pay that amount within 21 days.
Initial	<b>Accounts Placed for Collection.</b> If you fail to make payments due within thirty (30) days following receipt of an invoice then your account may be sent to an attorney or third-party collection agency for collection. In the event that your account is sent for collection, you will be responsible for costs and reasonable attorneys' fees incurred by Central Carolina Surgery, P.A. in connection with the collection of the outstanding balance.

**I HAVE READ AND UNDERSTAND** the Financial Policy of Central Carolina Surgery, P.A. and agree to be bound by it. I understand that Healthcare Insurance does not cover all medical goods and services and I understand my responsibilities with respect to healthcare insurance as explained above. I understand that I am ultimately responsible for payment for medical goods and services provided to me by Central Carolina Surgery, P.A. I hereby grant to Central Carolina Surgery, P.A. the right to bill and collect from my healthcare insurance plan for medical goods and services provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_