

## FINANCIAL POLICY ACKNOWLEDGEMENT (MEDICARE PATIENTS)

Name:	ease Print)
(1716	OUR FINANCIAL POLICY
Initial	Medicare does NOT cover all medical goods and services. If we believe that Medicare will not cover the medical goods and services provided to you, we will provide you written notice (known as an Advance Beneficiary Notice). Please refer to your Advance Beneficiary Notice for more information regarding your obligation to pay for medical goods and services.
Initial	You are responsible for co-payments, coinsurance and deductibles. Although you are covered by Medicare, you may be responsible for a co-payment and deductibles. Central Carolina Surgery, P.A. requires that co-payments be made at the time of service. You also remain responsible for any balances remaining due to co-payment or deductible.
Initial	Payment Methods and Returned Check Fee. Central Carolina Surgery, P.A. accepts MasterCard/Visa/American Express/Discover, personal checks, money orders, or cash. 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 three (3) business days.
	Prompt Payment of Mailed Invoices. 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	Accounts Placed for Collection. If you fail to make payments due with 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.
bound by	EEAD AND UNDERSTAND the Financial Policy of Central Carolina Surgery, P.A. and agree to be it. I hereby grant and assign to Central Carolina Surgery, P.A. the right to bill and collect from heare insurance plan for medical goods and services provided to me.
Signature	Date: