



Practice Financial Policy

Thank you for choosing **Carolina Internal Medicine Associates** as your health care provider. We are committed to building a successful provider-patient relationship. Understanding of our Practice Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance with any of these policies, please ask to speak with one of our managers.

When are payments due?

All co-payments, deductibles, co-insurance, any patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made. All balances must be in good standing prior to receiving services.

How can I pay?

We accept payment by cash, check, VISA, MasterCard, Discover, and American Express.

Will you bill my insurance?

We will bill your primary and secondary insurance company on your behalf as a courtesy to you. Your secondary insurance will be filed once a response from your primary insurance has been received. If no response is received after 45 days, the balance on the account will be your responsibility. We do not file tertiary (third) insurances.

To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance. Any change of insurance information should be provided to CIMA as soon as possible to facilitate appropriate billing for the services rendered and to avoid any insurance denials. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Although we estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.



Which plans do you contract with?

Carolina Internal Medicine Associates accepts most major insurance plans. However, with the frequent changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan.

What if my plan does not contract with you?

It is the patient's responsibility to verify, prior to receiving medical services, whether we are contracted with your insurance. Full payment is expected at the time of service. We will file insurance claims with non-contracted plans as a courtesy to patients.

What is my financial responsibility for services?

It is your responsibility to verify that the providers and the practice where you are seeking treatment are listed as authorized providers under your insurance plan. Your employer or insurance company should be able to provide a current provider listing.

CIMA provides services and treatments which are medically appropriate, but some of these may not be covered by your plan for your condition or at frequency in which it is necessary based on your treatment plan. It is your responsibility to understand your coverage and frequency for tests as anything not covered will be the responsibility of the patient.

Do you charge for completing forms?

Our office completes medical forms related to patient care including FMLA, prior authorizations, and other requested supplemental insurance forms. Form completion requires time away from patient care and day-to-day business operations. A pre-payment of \$20 to \$65 per form is required. Please understand that to complete forms, your medical record must be reviewed, forms completed and signed by the provider and copied into your medical record. Some of these forms can be quite complicated and tedious to fill out. Please provide us with pertinent information, especially any pertinent dates or medical information that would be required for completion. We request that you allow 5 business days for this process.

What if I missed my appointment to see the physician?

We understand that situations arise causing delays or the need to cancel/reschedule your appointment. However, missed appointments impact the flow of patients in our clinics and take away the opportunity for another patient to receive care. We request that if you change your appointment, you contact us no later than 24 hours before your scheduled appointment time. If you do not show up for your appointment, cancel or reschedule within 24 hours of your appointment, we will consider you a No-Show.



Our highly skilled physicians are committed to your well-being and have reserved time just for you. Patients who miss an appointment without notifying our office 24 hours before the appointment time are subject to a \$25 to \$100 missed appointment fee billed to the patient.

What if I don't have insurance?

We have a self-pay fee schedule that is used for patients without insurance coverage.

At the sole discretion of the practice, payment plans may be made for patients. Please speak with one of our staff members to discuss a mutually agreeable payment plan. It is never our intention to cause hardship for our patients, only to provide them with the best care possible at a reasonable cost.

I received a bill even though I have secondary insurance.

Having secondary insurance does not necessarily mean that your services are 100% covered. Secondary insurance policies typically pay according to a coordination of benefits with the primary insurance.

What if I have billing or insurance questions?

Carolina Internal Medicine Associates is supported by a staff of dedicated professionals. Our office staff can assist with most financial questions and help relieve the patient/caregiver of burdensome paperwork. Please ask if you have any questions about our fees, our policies, or your responsibilities.

Do you bill workers' compensation?

We do not bill for any type of workers' compensation.

Do you bill other third parties?

We do not bill third parties for services rendered to you.

What if my insurance pays late?

As a courtesy to you, we bill your insurance company for services on your behalf. If any insurance company fails to process payment for services within 45 days from the date of the claim submission, the total balance will be determined to be the patient's responsibility.

Will I receive statements or bills?

It is our office policy that all accounts with pending balances be sent statements every 35 days. Patients with appointments who also have a delinquent balance of 60 or more days old will be required to set up a payment plan for their existing balance in before seeing the provider. Past due accounts with no payments of 120 days or longer may be turned over to a third party for collections and/or discharged from practice.



Do you refer unpaid bills to collection agencies?

Yes, we work with an outside collection agency. In the event your account is turned over to a collection agency, you may be discharged from the practice. Once the balance is turned over to the agency, CIMA is unable to accept payments as the money is no longer owed to us but to the collection agency. If a patient cannot pay the balance on their account according to the financial policy, the balance may be referred to a collection agency.

Do you charge a penalty for returned payments?

There will be a \$30 NSF fee for any returned check.

Can you waive my copay?

We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.

Why am I being asked to keep a credit card on file?

Many insurance plans require deductibles and copays in amounts unknown at the time of service. To ensure timely, consistent billing and payments, patients are being asked to present a credit or debit card at the time of check-in and that card information will be stored electronically where only see the last 4 digits of the card after the initial entry can be seen.

Your information is kept secure and payments to your card are only processed after the claim has been filed, processed, and paid by your primary and secondary insurance. You will receive an email notification 5 days prior to your card being charged.

Credit card agreements can be changed, updated or canceled by calling the practice.

I have a hardship. How can you help me?

Some patients may accrue large balances for services provided. At the sole discretion of the practice leadership, we will work with you to set up a mutually feasible payment plan.

Patient or authorized representative signature:

Date:
