

Carolina Center of Gynecologic Oncology Financial Policy

Carolina Center of GYN Oncology is dedicated to you and your well-being. We promise to do our best to provide you with the highest possible care available. As a private practice, we are not subsidized by any government or private programs. We offer our service to you at a competitive price that is comparable to any other GYN Oncology practice in the area.

INSURANCE/PAYMENT

Payment for each visit is due at the time of service. It is the responsibility of the patient to provide accurate and timely insurance information and should be presented at each visit. The patient is responsible for his/her co-payment, co-insurance, unmet deductible, or non-covered charges from your insurance company. Your medical insurance is a contract between you and your insurance company and up to you to understand the specifications of your insurance policy. You should refer to information from your insurance company or call them if you have questions about your coverage. Please understand, insurance is filed as a courtesy and if a claim is not paid by your insurance company within 45 days, financial responsibility rests with you, the patient, regardless of insurance coverage. By signing below, you authorize your insurance company to pay benefits on your behalf directly to Carolina Center of Gynecologic Oncology and authorize Carolina Center of Gynecologic Oncology to provide your insurance company any information necessary to process claims for services rendered to you.

BILLING

We accept cash, checks, VISA, MasterCard, AMEX, and Discover. Balances are due within 30 days unless prior arrangements have been made with the billing department. Outstanding balances not paid in full within 90 days of the first billing statement will be forwarded to a collection agency. If your account is turned over to a collection agency, you will be charged a \$50.00 handling fee. In order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. We realize that temporary financial problems may affect timely payment on your account. If such problems arise, we encourage you to contact our billing department at 843-556-4736 promptly for payment arrangements and assistance in the management of your account. If you have a returned check, you will be charged a \$30.00 billing fee.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We ask that cancellations be made within 24-hours prior to the appointment. However, we understand that emergencies arise so please call us if you must miss an appointment. We reserve the right to charge \$25.00 for missed (no-show) or late cancellation appointments.

Patient's Signature: _____ Date _____