

**CAROLINA SPORTS MEDICINE AND ORTHOPAEDIC SPECIALISTS, P.A.
FINANCIAL POLICY**

Welcome to our practice. We are committed to providing you with the best possible care and we are open to discussing our professional fees with you at any time. Should you have any questions or concerns about our financial policy, please contact our billing staff.

Our office participates with most major insurance plans as well as Medicare, Medicaid and Tricare. The patient/guarantor is responsible for confirming participating providers as well as being aware of the benefits provided. Applicable claims will be filed with Workers Compensation provided appropriate authorization has been provided by the employer and assigned carrier. We do **not** file auto insurance or other third party liability claims and will expect payment at the time of service. Upon request, we will provide you with a copy of your bill that you may use to seek reimbursement from the third party.

We will make all reasonable attempts to obtain payment on your behalf according to your available benefits. However, please understand that we are filing as a *courtesy*. Ultimately, you as the patient/guarantor are responsible for all charges incurred on your behalf, regardless of your insurance status.

Co-payments, co-insurance and/or deductibles are due at the time of service. If you are unable to make payment at the time of service, you will be asked to reschedule your appointment. Likewise, we will ask that any past-due balances be resolved prior to scheduling further appointments.

Insurance is a contract between you and your insurance company. We are not a party to this contract. We cannot become involved in disagreements between you and your insurance carrier regarding deductibles, co-payments, covered charges, etc. If your claim is denied, it is your responsibility to investigate the reason for denial.

In the event you do **not** have insurance coverage, we will require a \$250.00 *deposit* for your initial visit as well as a 50% pre-payment for any surgery or other treatment that may be required.

For your convenience, we accept cash, checks, debit cards, Visa, Mastercard and American Express. We also accept and can assist you in applying for Care Credit. Please note that a \$25.00 fee will be charged for all checks that are returned to us by your financial institution.

I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance carrier. I authorize my insurance carrier, attorney or other third-party payer to pay Carolina Sports Medicine directly for services provided on my behalf. If my account becomes delinquent, I agree to pay all costs associated with the collection of my account.

Patient/Guarantor Signature: _____ Date: _____

Relationship if other than Patient: _____