



GREENSBORO ENDOCRINOLOGY

Financial Policy

Welcome to Greensboro Endocrinology, thank you for choosing us as your health care provider. Our main concern is that you receive the proper and optimal care needed to maintain/restore your health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to contact our office.

If you need to cancel an appointment, we ask for a 24 hour notice or we do reserve the right to charge you for your missed appointment. We also reserve the right to dismiss you from the practice if you have three visits that have been cancelled or rescheduled.

Please present your current insurance ID card at your visit and, if any changes occur with your coverage, we ask that you contact us immediately. In the event that we do not participate with your insurance plan, you will be responsible for the entire bill.

As a service to you, our office makes effort to obtain payment according to your coverage. Regardless of the type of insurance you have, you are ultimately responsible for paying your medical bills. At all times, it is your responsibility to follow up on all requests from your insurance company regarding claims. Patients with a balance of \$15 or less will not receive statements. Patients with a credit of \$15 or less will not be issued refund check; instead the balance/credit will remain on the patient's account and will be applied to future visits.

All co-payments and deductible amounts are due and should be paid at the time of service. If you are unable to pay your co-payment we will need to reschedule your appointment. This policy is in accordance with legal requirements for collecting patient responsibility amounts. Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, and collection agency fees. All fees will be owed in addition to the remaining balance. In the case of unpaid balance you may be dismissed from our practice.

If you do not have insurance and are considered self-pay, you are expected to pay in full at the time of service.

A \$25.00 fee will be charged for all checks that are returned to us by your financial institution and will be payable immediately.

Our practice accepts Visa, MasterCard, Discover, American Express and debit cards. We also accept personal checks and cash.

Authorization: I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company(s). If my account becomes delinquent, I agree to pay all costs incurred in collection of the account, including necessary collection fees.