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BEACON HEALTHCARE ASSOCIATES

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FINANCIAL POLICY

We are committed to provide each of our patients with quality health care in a way that is financially responsible for both our patients and the practice. This means that we will do our best to inform you upfront of anticipated costs of care, agree to accept assignment from many insurance companies (we currently participate with Medicare, Medicaid, Aetna, BCBS of NC, Crescent, Cigna, First Health, Humana, United Health Care, and Medcost), and, when possible, review health care options based on cost. In return we expect all of our patients to make prompt payment for the care we provide and to communicate openly and honestly about their ability to pay for services. In addition,

If you have insurance we expect you to:

- Pay your copay, deductible amount or coinsurance amount at the time of service. Medicaid co-pays will be collected at the time of service in accordance with Carolina Access policy which states "failure to make co-pays will result in dismissal."
- Be responsible for understanding the details of your insurance coverage, including preventive care benefits, requirements for pre-authorization for procedures, annual deductible and co-pay/co-insurance amounts.
- Providing us with a current copy of your card and notifying us of any changes in insurance coverage. If we do not have current insurance billing information, we will expect full payment for care at the time of service.
- Be responsible for any charges not paid by your insurance company, including Medicare secondary plans, within 45 days of our filing.

If you do not have current, valid medical insurance we expect you to:

- Pay in full at the time of service, unless prior arrangements have been made to accommodate a payment plan. When you pay in full at the time of service, we can offer you a "prompt pay" discount of 20%.

If you have signed a payment plan agreement with the practice we expect you to:

- Make your monthly payment by the 10th of the month or make other arrangements in advance of this date in order to keep your account current.

If you are seeking care under worker's comp or accident liability claims:

- We ask that you notify our office in advance of your appointment so that we can verify coverage for your care.
- In cases where your health insurance plan participates in a program called "subrogation" which makes the health insurance plan responsible for collecting payment directly from the worker's comp or liability insurance company, we may bill your health insurance plan for such care.
- If we are not able to verify coverage for your care under the worker's comp or accident liability claim, we will expect full payment for services at the time of the visit and will honor our 20% "prompt pay" discount.

Methods of Payment -- We accept cash, personal check, Visa and Mastercard as forms of payment. If your check is returned for any reason, a fee of $20 will be added to your account. Our bank will continue

to seek payment on your check. If your check is returned to us, we will notify you. We reserve the right to refuse future payment by check.

Past Due Accounts -- We consider patient accounts (not including payment we are expecting from insurance filing) to be past due after 30 days. If you are unable to pay your balance due, please contact our office in order to make payment arrangements prior to the 30 day limit. If after 60 days, you have not made the expected payment on your account, we reserve the right to restrict future services to you and to turn your account over to a private debt collector.

Credit Balances – If payment on your account should result in a credit balance, unless otherwise requested, we will hold payment of your refund for one billing cycle to ensure that additional charges are not incurred during that time.

Missed Appointments – If you fail to keep a scheduled appointment with a provider or the lab, and do not give the office at least 24 hours notice of cancellation, you will be charged a missed appointment fee. Insurance plans do not cover these fees. The fee for late cancellation will be $5 and the fee for a missed provider or lab appointment will be $15. Giving us 24 hours notice of cancellation allows us to offer care to other patients who might have wished to come in. In addition, we must pay our staff to take care of you, whether or not you keep your appointment. Cancellations can be made 24 hours a day by calling (828) 254-4899. You are always able to leave a message at this number.

Medical Records – We use the services of Smart Document Services for sending medical records. They follow NC law in setting their fees for this service. They come into our office weekly. When patients request their records for themselves or a new provider, Smart Document Services will scan the records and send an invoice directly to the patient. When this invoice is paid, Smart Document Services will release the records as directed. The records are available for release within 72 hours of having been scanned in our office. Patients may follow up directly with Smart Document Services at 800-367-1500.

Medical Forms – All medical forms will require an office visit for completion. This ensures that the provider completing the form has all of the accurate information needed in order to complete the form correctly

While we always see patients for emergency care, routine care will only be given to patients whose accounts are current or who have made financial arrangements with us and are maintaining the conditions thereof.

We appreciate the time you have taken to read and understand this policy. If you have any questions about any aspect of this policy, please ask to speak to Presley Haskett, our billing department specialist or Evan Richardson, our practice manager. We feel that prior to engaging in a relationship with us, it is important that you understand our financial policy clearly and that you feel comfortable agreeing to uphold it. If after reading the policy and receiving clear and complete answers to any questions that you may have about it, you are able to agree to the policy, we ask that you sign below.

> **I have read the above financial policy. I have asked for clarification of the policy as needed and understand it fully. I agree to participate in this policy as a patient, upholding a commitment to the responsibilities outlined above.**

Signature:____ Date:____________