

CAPE FEAR CENTER FOR DIGESTIVE DISEASES, P.A.

Patient Name _____

DOB _____

Financial Policy and Assignment of Benefits

The intent of this document is to inform you of the financial policy of Cape Fear Center for Digestive Diseases, P.A. We are committed to providing you with the best possible care and service; therefore, your complete understanding of our financial policy as it relates to your financial obligations is essential.

- Payment is due in full at the time of service for all patients who have an insurance policy with which we have no contractual relationship. However, as a courtesy to our patients, we will file your claim with your insurance carrier. Delayed or non-paid claims by your insurance carrier are not the responsibility of Cape Fear Center for Digestive Diseases, P.A. We accept cash, personal checks, money orders, or credit cards (MasterCard, Visa) as payment for services rendered. Should a credit payment result in an overpayment, the refund will be returned to the same card. Any credit due that is less than \$25.00 will be refunded at the request of the patient. Otherwise, the credit will be applied to future services rendered.
- A \$35.00 returned check fee may be assessed to the account for each check returned for insufficient funds, stopped payment, or account closed.
- All deductibles, copayments, and coinsurance are due at the time of service for any patient who has an insurance policy with which we have a contractual relationship. Any service that carrier deems is a non-covered service is the responsibility of the patient and will be payable in full within 30 days after receipt of your billing statement.
- Any past due balances may be subject to additional collection fees, and we reserve the right to turn any patient over to collections if the account is in default of the payment obligation or compliance with this policy.
- If you do not cancel an appointment with at least 48 hours notice, there may be an additional charge of \$50.00 applied to your account within 10 days after the date of the missed appointment. Any procedure scheduled by your physician must be cancelled with 5 days prior to your appointment. A charge of \$100.00 will be applied to your account within 10 days after the missed procedure. Multiple cancellations or missed appointments without prior notice may result in release from the practice by the physician.
- Administrative charges may be assessed for furnishing copies of your medical records to other physicians, insurance carriers, attorneys or entities providing appropriately signed and legal release. If we are asked to participate in a deposition or to produce, with proper authorization, medical records for your insurance company or attorney, administrative charges may be assessed.
- It is the policy of Cape Fear Center for Digestive Diseases, P.A. not to discuss a patient’s account information or medical record with anyone other than the patient, unless the patient gives prior written consent.
- The physicians of Cape Fear Center for Digestive Diseases have a financial interest and ownership in Digestive Health Endoscopy Center.

I agree to forever hold harmless Cape Fear Center for Digestive Diseases, P.A., their physicians and staff, for refusal to render further services in the event I do not honor this financial agreement. I understand that for any service I do not pay in full at the time service is rendered, I assign benefits for that claim to Cape Fear Center for Digestive Diseases, P.A. Having read and fully understanding the above information, I authorize Cape Fear Center for Digestive Diseases, P.A. to submit appropriate information to my insurance company for processing of my claim.

Patient’s Signature

Date

Parent/Guardian Signature (if patient is a minor)

Date