Coastal Carolina Health Care, P.A.
Advanced Medicine. Trusted Care.

FINANCIAL POLICY

REVISION DATE: December 18, 2019

Thank you for choosing Coastal Carolina Health Care, PA. (CCHC) for your health care. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your primary provider of health care services. As part of this relationship, we wish to establish our expectations of your financial responsibility.

Your medical insurance is a contract between you and your insurance company. We can often help with providing information about your health plan, but you are primarily responsible for any charges that you have incurred as a patient with CCHC.

All patients with outstanding balances with CCHC (bad debt/turned over to a Collections Agency) will be asked to make payment in full prior to being scheduled for an appointment or being seen by a provider.

1) CO-PAYMENTS, DEDUCTIBLES, AND FEES – **All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at the time service is rendered.** We accept cash, checks, or credit cards. A $25.00 Return check fee will be applied to your account for all checks returned for non-sufficient funds.
Fees to be collected at the time of service are outlined below:

1. **Medicare *with* a secondary insurance**- No payment is expected. Our staff will collect any outstanding personal balance that may remain on your account.
2. **Medicare *without* a secondary insurance**- Our staff will collect $20.00 per visit and any outstanding personal balance that you may have on your account.
3. **Medicaid** – Patient MUST have a valid identification card and $3.00 will be collected during the check in process and any outstanding personal balance that you may have on your account.
4. **Carolina Access Medicaid -** Patient MUST have a valid identification card and $3.00 will be collected and any outstanding personal balance that you may have on your account.
5. **Self-pay/Out of Network Insurance Plans** – Our staff will collect $160.00 and any outstanding personal balance that you may have on your account at the front desk prior to being seen by the provider and the remaining amount of charges at check out.
Unless:
    a. It is determined that the patient meets criteria for the CCHC Indigent Care Policy (see Appendix D for form) or is approved for a monthly payment plan arrangement (see Appendix A for table)

6. **Tricare Select-.**

You must spend your deductible amount before TRICARE cost-sharing begins:

ADFMs and TRS members			
Pay grades E-4 and below			
Group A		**Group B**	
Individual	**Family**	**Individual**	**Family**
$50	$100	$52	$104
Pay grades E-5 and above			
Group A		**Group B**	
Individual	**Family**	**Individual**	**Family**
$150	$300	$156	$313
Retirees, their families, TRR members, and all others			
Group A		**Group B**	
Individual	**Family**	**Individual**	**Family**
$150	$300	Network†: $156	Network†: $313
		Out-of-Network†: $313	Out-of-Network†: $626

TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network*

Covered Services	ADFMs and TRS members		Retirees, their families, TRR members, and all others	
	Group A	**Group B**	**Group A**	**Group B**
Preventive Care Visit	$0	$0	$0	$0
Primary Care Outpatient Visit	Network: $22 Out-of-Network: 20%†	Network: $15 Out-of-Network: 20%†	Network: $30 Out-of-Network: 25%†	Network: $26 Out-of-Network: 25%†
Specialty Care Outpatient Visit	Network: $33 Out-of-Network: 20%†	Network: $26 Out-of-Network: 20%†	Network: $45 Out-of-Network: 25%†	Network: $41 Out-of-Network: 25%†

You will be responsible for any other outstanding balances on your account.

7. **Tricare Prime-**

TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	**Group A**	**Group B**
All covered services	$0	$0
Retirees, their families, and all others		
Covered service	**Group A**	**Group B**
Preventive Care Visit	$0	$0
Primary Care Outpatient Visit	$20	$20
Specialty Care Outpatient Visit	$31	$31
Urgent Care Center Visit	$31	$31
Emergency Room Visit	$62	$62
Inpatient Admission (Hospitalization)	$156/ admission	$156/ admission

You will be responsible for any other outstanding balances on your account.

8. **All other In Network Insurance Plans** - Applicable co-payments as defined by your insurance plan. The applicable deductible amount listed on your ID card will be collected at every visit until the deductible has been met. Many plans have a high out of pocket deductible.

9. **Imaging and Other Procedures with charges of $500 or greater-** Our staff will collect a minimum of $160.00 or higher amounts determined by insurance verification when applicable.

10. **If the patient is unable to meet their financial obligation as outlined above, a formal payment plan will be initiated.**

2) INSURANCE – Patients or Responsible party must complete and sign information and insurance forms prior to services being rendered. **You will be asked to present a current insurance card at each visit. If you do not provide a current insurance card or we are otherwise unable to verify your insurance, you will be considered self-insured and responsible for payment at the time of your visit.** You will receive reimbursement from CCHC if insurance pays the claim at a later date. **You are responsible for payment in full if your insurance carrier is not one with which we participate**. **Participation and Accepting insurance are different. Please ask for information if you require further explanation.** Some insurance plans and Medicare consider some services to be "non-covered," in which case you are responsible for payment in full. According to NC Statute 58-22253, most insurers are required to pay a properly submitted claim within 30 days. You have a responsibility to provide information to our office so a claim can be properly submitted. **If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment.** If we receive payment at a later date, you will be reimbursed by Coastal Carolina Health Care, PA.

3) PROMPT PAYMENT – **Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly.** All personal balances are due in full upon receipt of the patient statement. Random partial payments are not acceptable. Patients will receive a statement every 28 days. If you have a financial hardship or if you are unable to pay your bill in its entirety, please contact our billing office at 252-514-2061 to discuss payment options. We will accept no less than $15.00 per month and will not set up a plan for a balance below $100.00. If the balance is less than $100, we will set up an automatic draft from your account.

4) OTHER FEES- Some locations may charge "no show" fees for appointments that are not canceled 24 hours in advance.

If your account becomes delinquent and you have not established and/or honored your payment plan, your account could be turned over to a collection agency and we may no longer be able to render care to you.