CCHC Coastal Carolina Health Care, P.A.

Advanced Medicine. Trusted Care.

FINANCIAL POLICY

REVISION DATE: 1/31/2024

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 will be asked to make payment in full prior to being scheduled for an appointment or being seen by a provider, unless a payment plan has been established.

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 for office visits are outlined below:

   A. **Medicare *with* a secondary insurance**- No payment is expected. Our staff will collect any outstanding personal balance that may remain on your account.
   B. **Medicare *without* a secondary insurance**- Our staff will collect $25.00 per visit once your deductible has been met and any outstanding personal balance that you may have on your account.
   C. **Medicaid/Medicaid Managed Care/NC Choice** – Patient MUST have a valid identification card and minimum of $4.00 or current copay amount will be collected during the check in process and any outstanding personal balance that you may have on your account.
   D. **Self-pay or Patients with Insurance but are Out-of-Network or any other arrangement where a third party may be responsible for paying bill (e.g. Faith-Based Medical Sharing Plans)** – Our staff will collect $220.00 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, it is determined that the patient meets criteria for the CCHC Indigent Care Policy or is approved for a monthly payment plan arrangement. You will be responsible for any other outstanding balances on your account.
   E. **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.
   F. **If the patient is unable to meet their financial obligation as outlined above, a formal payment plan can be established.**

G. Fees to be collected at the time of service for visits to CCHC Imaging Center, CCHC Endoscopy Center, and CCHC Sleep Lab are based on the charge for the specific exam or procedure scheduled. These amounts can be obtained by calling the center or lab where the exam or procedure will be performed.

2) INSURANCE

A. **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 are responsible for payment in full if your insurance carrier is not one with which we participate**.

B. Insurance plans, including Medicare, do not always cover all recommended services. While we will do our best to notify you in advance if we believe your insurance will not cover a specific service, we are not able to know in advance what coverage determinations may be made. If your insurance does not cover a service provided you remain responsible for payment.

C. 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 from an insurance carrier at a later date, we will reimburse you.

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 30 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 payment plan for a balance below $100. If the balance is less than $100, equal payments must be set up as automatic draft from your account.

4) OTHER FEES- Some providers 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.

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Patient Signature **Date**