



## FINANCIAL POLICY CREEDMOOR CENTRE ENDOCRINOLOGY

**Office Hours:** Our office is open Monday through Friday 8:00am-4:30 pm. Our last appointment is at 4:00. If you have an emergency, please dial 911, or go to the nearest emergency room.

**Appointments:** Patients are seen by appointment only. We realize your time is valuable and we do our best to honor your appointment time. Our practice may encounter unforeseen emergencies and delays may occur. We may at times need to make changes to your appointment date and time. We ask for your patience and understanding during these times. If you are unable to keep your appointment and need to cancel, we request that you notify us at least 24 hours in advance to avoid "missed appointment" charges. The charge will be \$50.00. There will be no exceptions unless approved by Dr. Warren-Ulanch.

**Insurance:** We ask for your cooperation in providing us with the following:

- Your current and correct insurance information. Please provide us with a copy of your insurance card at each office visit.
- Your co-pay is expected to be paid at the time of service
- If you have an insurance plan that requires a referral, we will expect that you present this at check-in.
- If your insurance does not pay in full, we do not do payment plans. You will be expected to pay your account in full once billed. We contract our billing with MedBill. Any billing issues should be directed to MedBill. Their contact phone number is 919-435-0054.
- After 90 days, MedBill will send delinquent accounts to collections.

**Deductible Plans:** If you have not reached your deductible, you will be asked to pay \$100 at time of service.

**Self-Pay and Non-Participating Insurances:** Self-pay is anyone who does not have health insurance or has an insurance which Creedmoor Centre Endocrinology is not contracted with. Insurance for these patients will be filed as a courtesy. If your non-participating insurance pays less than our usual and customary charges, you will be billed for the difference. Self-pay patients who do not have health insurance, will be required to make full payment at check-out.

**Returned Checks:** Returned checks are subjected to a \$25.00 service fee.

**Medical Records:** There is no charge for Medical Record transfer if faxed from physician to physician. If you would like a copy of your medical record, the charge is \$50.00. Any Life Insurance Co. or Attorney will be charged \$50.00 prior to release of records. There is a charge for other documents that the physician may need to complete for you. This Charge is \$75.00.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_