

**Watauga Surgical Group, P.A.**  
**965 State Farm Road**  
**Boone, NC 28607**  
**Telephone (828) 264-2340 Fax (828) 262-0731 Patient Accounts (828) 264-1653**

### **FINANCIAL POLICY**

Watauga Surgical Group, P.A. is committed to providing quality surgical care to all its patients. In order to do that, we feel it is best to establish a financial policy to avoid misunderstandings. Watauga Surgical Group expects patients to assume responsibility for their bills. Our billing staff is available to discuss your account with you at any time.

**PAYMENT OF SERVICES.** I am responsible for payment of all services rendered in my behalf at the time of service. I agree to pay any co-payments, deductible and co-insurance and any fees for non-covered services. I understand that if my account remains unpaid after ninety (90) days, and no payment arrangements have been made with this office, and/or I fail to comply with payment arrangements, my account will be subject to the following collection process:

1. My account will be turned over to an outside collection agency for collection. A \$30.00 collection fee will be applied to my account, or
2. Watauga Surgical Group will file a claim in small claims court, and
3. I will be dismissed from the practice.

**INTEREST ON ACCOUNT.** If, for some reason, my account goes unpaid greater than ninety (90) days it will be subject to interest. Current interest is at one (1%) percent per month (twelve percent (12%) APR) upon any outstanding balance over ninety (90) days.

**INSURANCE MATTERS.** I understand the following concerning insurance:

1. Watauga Surgical Group will file my insurance, however I **MUST** present a copy of my most recent insurance card. If I cannot provide an insurance ID card at time of service, I will be responsible for any charges.
2. I understand that Watauga Surgical Group does not file with third party payors, ie. auto accidents, liability claims.

**RETURN CHECKS.** A service charge at the current statutory rate will be applied to my account for a return check. All future payments must be made with cash, money order or cashier's check.

**ELECTIVE SURGERY.** Watauga Surgical Group will provide an estimate of my out-of-pocket expense for an elective procedure. I will make arrangements to pay estimated amount prior to my surgery date. If I cannot pay the estimated amount, my procedure may be postponed until such time payment can be made.

**REFUNDS.** I understand that Watauga Surgical Group will refund overpayments on my account that is greater than \$5.00. Any amount \$5.00 and under will remain a credit on my account.

**COPIES OF MEDICAL RECORDS.** If I request a copy of my medical records for **PERSONAL** reasons, I agree to pay a fee according to NC Statute§ 90-411. A fee of seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26 through 100, and twenty-five cents (25¢) for each page in excess of 100 pages.