

WATAUGA SURGICAL GROUP, P.A. 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 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.

CLAIM FORMS. Effective March 1, 2016, there will be a \$10.00,fee per form, completed by our office staff. This includes, but not limited to FMLA, disability forms, and cancer claim forms.