



Payment Policy & Patient Statement of Responsibility

TO OUR VALUED PATIENTS:

Thank You for choosing NHRMC Physician Group for your healthcare services. We strive to provide the highest quality of care; yet keeping your healthcare costs as low as possible. These policies reflect our efforts to reduce healthcare costs. We appreciate your full cooperation.

For Your Convenience we accept any debit or credit card with the MasterCard, Visa, Discover, or American Express logo, as well as your personal check or cash. We reserve the right to charge a returned check fee in the event that your check is returned as insufficient.

Insurance Cards and a Photo I.D. must be presented at each visit. You may feel this is unnecessary, but insurance plans are becoming more complicated and cards, policy numbers and renewal dates are constantly changing. In order for us to file your claims with the appropriate plan, we must have the most recent card presented. If you arrive without your card, you will be responsible for all charges until the billing office has received complete, current, and accurate insurance information. Most plans require we file your claim within 9-days from the date of service. If we have not received your information within that time, you will remain responsible for all charges incurred up to the date you provide us with your insurance information and we receive payment from the insurance plan. Any balance you owe should be paid within thirty days. We require photo identification such as a driver's license, learner permit, passport or non driver i.d. card at each visit. This is in an effort to prevent fraud through identity theft and is a measurement in order to protect our patients.

Medicare Plans are more numerous and complicated. NHRMC Physician Group, Carolinas Healthcare System, and Carolinas Physicians Network participate with Traditional Medicare (Part A & Part B) and a limited number of Private Fee-for-Services (PFFS) Medicare Advantage Plans. We do not accept any Non Private Fee-for-Service Plans except for emergency situations. Please notify the front office immediately if you have recently changed Medicare plans. Medicare deductibles and co-insurance are expected at the time of service. As a participating provider with Medicare and a limited number of PFFS, we will file your claim to Medicare and if applicable, to your secondary insurance carrier.

Managed Care Plans have a network of participating providers. We participate with most major plans, but please contact your plan or check their website or call our office for confirmation before your visit. Applicable co-pays, co-insurance and deductibles are expected at time of service. You will also be billed for any non-covered service which you are liable after your insurance pays their share. If you have a managed care plan that we do not participate with, you will be expected to pay the bill in full at the time of service.

Other insurances are those plans we do not participate in. You may be responsible for payment in full at the time of service. As a courtesy, we will file your claim.

Worker's Compensation may or may not be accepted by your NHRMC PG provider. Please check with your provider before making an appointment. If your provider accepts Worker's Compensation, you will be seen upon approval and authorization by your employer with proper documentation.

Medicaid may not be accepted by your NHRMC PG provider. Please check with your provider's office before making an appointment. If Medicaid is accepted, you will need to bring your current Medicaid Identification Card to each visit. Failure to bring the current card may result in your appointment being rescheduled. If there is a co-pay with your plan, you will be expected to pay it at the time of service.

Deductible, Co-Pay, Co-insurance and Health Savings Accounts/Health Reimbursement Accounts are being promoted so that patients can have more control over managing their healthcare spending. These accounts will be patient specific so it is important you are aware of all of your benefits, deductibles, and co-payments. Due to contractual obligations with your insurance carrier it is required that NHRMC PG collects a portion of your allowed charges to be applied to your deductible, co-insurance or HSA. We will collect 100% of your co-pay at the time of service.

Self Pay Patients- Office / Sick Visit

A self-pay patient is deemed a patient who is without any form of insurance coverage or insured patients whose services are non-covered by their insurance plan. The office visit will consist of an encounter with a provider which does not include any minor to complex procedures. It is NHRMC PG policy that payment for the office visit is due at the time of service. If the payment in full is made at the time of visit for all services, a **25%** discount will be provided to you. If payment in full is not received at the time of the visit for all services, the discount will not apply.

Self Pay Patients – Procedures

A self pay patient undergoing a procedure based office visit includes any form of treatment received within the office setting that goes beyond the scope of a routine office visit. The items may include invasive procedures or radiological procedures such as vasectomy, lithotripsy, biopsies, echocardiograms, stress test, ultrasounds, etc. NHRMC PG provides a **25%** discount if payment of 60% of the anticipated charges after the 25% discount for said procedure is paid, prior to the start of the service.

For example:

Charge is \$150.00

- Less 25% discount of \$37.50

= Reduced price after discount: \$112.50

+ Down payment of 60% of \$112.50 is due in advance of the procedure = \$67.50

Additionally, advanced payment plans may be arranged for up to 3 months in advance of the procedure for remaining balances, after the discount of 60% has been applied.

Financial assistance/Charity Care- In some circumstances, financial assistance may be provided. All patients must apply for financial assistance from NHRMC-Patient Financial Services. NHRMC PG uses the NHRMC Financial Assistance Program which bases its decision using 200% of the Federal Poverty Guidelines and other screening criteria to qualify patients for Financial Assistance. NHRMC reviews and evaluates multiple financial sources before an a decision is rendered to ensure that the assets of NHRMC Physician Group are judiciously and prudently managed. Examples of documentation that NHRMC will require are:

- Most recent IRS tax form (1040 and/or W-2 with signatures)
- Check stubs for the past 30 days for all self-employed persons
- Unemployment check stubs for the past 30 days
- Proof of all outstanding bills
- Signed and completed financial statement

Note: With the Affordable Care Act effective 10/1/13, charity care approval will be limited to a duration through December 31, 2013 only which may cover less than 6 months. Thereafter, the Health Insurance Marketplace coverage becomes effective January 1, 2014. The law requires most Americans to have insurance or they may face tax penalties if they go without coverage. Open enrollment ends 3/31/14. Eligibility for financial assistance will include consideration of the ACA law and process.

Further information/assistance and applications may be obtained by contacting Patient Financial Services at 910.343.7050 or via email at PFS.customerservice@nhrmc.org

Medical Forms/Medical Leave/Disability Forms will be completed within 7 to 10 business days upon receiving the form in the office. Please make sure you allow plenty of time for completion of these forms. Emergencies will be handled on a case by case basis. There may also be a fee for completion of these forms.

We thank you for taking the time to read and understand our policies. Please let us know if you have questions. Again, our office should be notified immediately of any changes to your insurance coverage or primary care assignment.

I understand my responsibilities as outline above and will abide by them.

Patient/Guardian Name: _____

Patient/Guardian Signature: _____

Date: _____