



## **Financial Policy**

Thank you for choosing Wake Internal Medicine Consultants, Inc. for your medical care. We appreciate that you have entrusted us with your healthcare and we are committed to providing you with the best patient care possible.

Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your responsibilities as a patient. Because our professional services are rendered to you, not your insurance company, payment for treatment is your responsibility.

Your health insurance policy is a contract between you and your health insurance company. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals and/or pre-authorizations. You should be knowledgeable of any deductibles, copayments and/or coinsurance.

If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of-pocket expenses, and coverage limits.

## **Insurance Coverage**

Please provide us with your current insurance card at the time of each visit and notify us of any changes. It is important to be aware of and provide any required referrals or authorizations in advance of the appointment. If you do not provide these before care is provided, you will be responsible for the cost of the care.

Our physicians belong to many insurance plans. Before your appointment, please be sure your physician is in-network and the services are covered under your plan. If your physician is out-of-network, you will be expected to pay at the time of service.

## **Address Change**

It is important that you have your current address information on file. Please advise us anytime there is any change to your address, telephone number, or other contact information.

## **Co-payments/Co-insurance/Deductibles**

You are expected to pay your co-payment and any co-insurance and/or deductible at the time of service. We will also collect all previous outstanding patient balances at the time of your visit.

The accompanying parent and/or guardians are responsible for payments for their dependents at the time of service.

We will bill your insurance. Once they have paid, you will receive a bill for the remaining amount owed. The balance is due in full within 30 days of receipt of the statement.

We accept cash, check and credit cards.

### **Other Bills**

You may receive services at WIMC (including divisions of WIMC) such as anesthesia, radiology, pathology or other services. These physicians provide vital services and are involved in your care. There may be additional charges for these services and you may receive a bill from those providers.

### **Non-Covered Services**

Certain routine services such as labs, EKGs and chest x-rays are deemed necessary by your physician for maintenance of good health and may not be covered or deemed medically necessary by your insurance.

Medicare patients- Medicare may not cover some services your physician recommends. You will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing you are responsible for payment. You must read the ABN carefully.

Non-Medicare patients- Any service not covered by your plan is your responsibility and must be paid in full at the time of service.

### **Diagnosis Code Change**

Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information and the billing of the visit is determined by the services and care received, not by the coverage of your insurance. Our providers cannot change services billed or diagnoses in order to match your insurance coverage.

### **Non-Medical Fees**

No show and late cancellations fees will be charged as follows:

- PCP office visit, must be canceled 24 hours prior to visit- \$35.00
- Specialist office visit, must be canceled 24 hours prior to visit- \$50.00
- Procedure (including nuclear and gastroenterology), must be canceled 3 working days prior to procedure- \$250.00
- Ultrasound, CT, Non-Nuclear Stress tests must be canceled 24 hours prior to visit- \$75.00

I have read and understand the financial policy.

---

Printed name of patient

---

Chart Number

---

Signature of patient or legal guardian

---

Date

