



PATIENT FINANCIAL AGREEMENT

Welcome to Piedmont Internal Medicine. We are dedicated to making sure that our patients are provided with exceptional medical care. **We strongly encourage each patient to contact their insurance company to confirm their doctor is a participating provider in their plan.**

As a service to our patients, we are currently enrolled in numerous Managed Care plans. However, it is impossible for the practice to know all the requirements of each individual plan. **It is the patient's responsibility to be aware of the parameters of your individual plan and to notify the office of any changes or restrictions.** Any charges which are accrued because of failure of notification will be the responsibility of the patient. If insurance cannot be verified prior to each appointment, payment will be due at the time of service.

Patients who have a HMO policy must ensure their physician is listed on their insurance card. If not, the insurance provider will not cover the services provided. Any unpaid charges will be the patient's responsibility.

At Piedmont Internal Medicine, PC we provide diagnostic procedures, examinations and medical treatment including laboratory work. As a courtesy, we file charges directly to your insurance. At times, it is required that we send medical records to assist with payment of these charges.

Please be aware some of the services billed to your insurance may result in charges to you depending on your individual insurance plan coverage. Please take the time to acquaint yourself with your insurance policy.

Please note Piedmont Internal Medicine, PC follows all Federal laws. We are not able to rebill due to services not being covered by your insurance policy. If you receive a bill from an outside facility such as LabCorp, Quest, or Piedmont Hospital, you will need to contact them directly.

Self-pay patients are required to pay at the time services are rendered. An initial deposit of 150.00 will be required at Check In. Upon check out charges will be reconciled. As a courtesy, Piedmont Internal Medicine, PC offers a self-pay rate on same date services provided, including most laboratory services, only if charges are paid the day of services.

We contact every patient to remind them of their appointment. We ask all patients to give at least 24 business hour advanced notice in canceling or rescheduling an appointment. Failure to do so will result in a fee of \$75.00 for an Office Visit, \$150.00 for a Physical Exam/Annual Wellness Visit and \$150.00 for an Echocardiogram. This will be your responsibility to pay.

Any **returned check** will incur a \$35.00 charge to cover bank charges associated with the returned check in addition to the amount of the check. NSF checks must be redeemed with certified funds and check will no longer be accepted as payment.

An upfront fee of \$35.00 will be collected for administrative tasks such as completing disability forms, FMLA, biometric screening form, medication prior authorizations and some medical records request. These tasks may require up to ten days to complete.

If any bills are acquired, it must be paid within 30 days of receipt. If you are unable to pay your balance, please contact the billing office to make payment arrangements. Any balance left unpaid nor under arrangements may be sent to a collection agency. If your account is sent to collections, there will be a \$30.00 collection fee added to the total outstanding balances.

I acknowledge I have read and understand the policies above. I accept the rights and responsibilities outlined within them.

Patient/Guardian Signature: _____ Date: _____