Family Medical Associates of Raleigh
Your Family Comes First

3500 Bush Street
Raleigh, NC 27609
F: 919.875.9577
P: 919.875.8150
www.fmaraleigh.com

PATIENT FINANCIAL RESPONSIBILITY POLICY

(Updated 7/12/18)

Thank you for choosing Family Medical Associates of Raleigh (FMAR) to serve the health care needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy.

Please read this document thoroughly:

Our Patient Service Representative will ask to see your insurance card at every visit and will scan your card into our system as needed to keep our information current and to facilitate accurate insurance billing. If you do not present current insurance information, you will be responsible for the entire payment at the time of your visit. You will receive reimbursement from FMAR if your insurance pays the claim at a later date.

CHANGES TO DEMOGRAPHICS:

- It is important that we have your correct address and contact information on file as we will communicate with you by your preferred means. Please advise us any time there is any change to your address, telephone, or other contact information. FMAR will send information regarding issues with your claims via mail.
- To update your demographics, you may call our office or enter the new information in our secure Portal.

CO-PAYS/DEDUCTIBLES/CO-INSURANCES:

- It is important for you to be an informed consumer who understands the specifications of your insurance policy (e.g., vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, and laboratory tests).
- Your insurance plan determines your co-pay/deductible/co-insurance and it requires that we collect your designated co-payment/deductible/co-insurance at the time of service. This arrangement is part of your contract with your insurance company and FMAR is obligated to collect the payment due from you as a part of our agreement with your insurance plan.
- FMAR will be checking eligibility and benefits for patients prior to the appointment time so that all benefit levels will be known at time of service. Please be prepared to pay any related balances at each visit. Just as we make every effort to accommodate you when you need medical care, we expect that you will make every effort to pay your bill promptly. Payment is due at the time services are provided.
- If every attempt has been made to verify eligibility without success by check in time, you will be responsible for paying an estimated amount at the time of check in or you may reschedule.

FAILURE TO PAY:

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- Patients who ignore collection notices and fail to pay their balance risk negative credit ratings and dismissal from the practice. Our collections process will start 45 days after your insurance has processed your claim.
- Past due accounts may hinder your ability to have appointments scheduled or may result in physicals and other routine or screening appointments being rescheduled.
- Should your account balance become uncollectible, we will continue to see you on an emergency basis only for 30 days, giving you time to find a new source of medical care.
- Patients whose credit cards are declined for the CCOF (Credit Card on File) plan or default on their payment plan will be put on a "cash basis" only for future services and risk going through the collections process leading to termination.

SELF-PAY:

- You will be considered self-pay if you have no insurance coverage. A 25% reduction of our fees is available to patients who pay in full at time of service. A $101.00 deposit for new patients is required at the beginning of your appointment with the balance to be paid after the visit.

CHILD CUSTODY CASES:

- The parent who is guarantor for the insurance policy will be held financially responsible for dependents on their insurance plan; this policy includes individuals negotiating divorce agreements.
- Parents and Guardians are responsible for payments for their dependents at the time services are rendered. Minors and dependents must present a valid insurance card if a claim is to be filed.

FEES:

- Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment may result in a charge up to $50. Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments.
- Disability, employer, FMLA, insurance forms, or any other paperwork that requires your provider's input, can be very time consuming for both you and your provider. Please be sure to complete all required information prior to submission to your provider. You may be asked to schedule an appointment with your provider to review the requested information or charged $50.00 for completion of forms.
- Returned checks are subject to a $30 fee and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared.
- Copying of medical records is outsourced and completed on a weekly basis. Therefore, you may incur additional charges applied to your account if you request a copy of your medical records.
- There is also a charge for providing a deposition or phone consultation on your behalf.
- Outsourcing any amount to collections agency will be subject to in-house fees ranging from $30.00 to 30% of balance due.

GUARANTOR:

- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.

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NON-PARTICIPATING INSURANCE PLANS:

- As a courtesy to our patients, FMAR will bill your non-participating insurance plan. Any outstanding balances are the responsibility of the patient and must be paid in full at time of service.

MEDICARE:

- FMAR will submit your claim to Medicare and upon receipt, will bill your secondary insurance if one applies. You, as the patient, will be responsible for the deductible and the co-insurance if you do not have a secondary insurance that covers this portion.
- Medicare may not cover some of the services that your doctor 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. Please read the ABN carefully.

MEDICAID:

- FMAR is a participating provider for Medicaid and Carolina ACCESS. Your eligibility will be checked prior to your appointment. If we are not listed as your PCP (Primary Care Provider), a Change Request Form for authorization will have to be faxed to Medicaid prior to your appointment. Your appointment may have to be rescheduled if FMAR does not receive an authorization for your services within a timely manner.

WORKER'S COMPENSATION AND THIRD PARTY PAYERS:

- FMAR does not file Worker's Compensation claims or to Third Party payers for motor vehicle accidents. We will file your regular medical insurance, if we participate, and bill you accordingly to insurance instructions for motor vehicle accidents.

INSURANCE:

- It is important for you to be an informed consumer who understands the specifications of your insurance policy (e.g., vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiology, and laboratory tests). Your health insurance policy is a contract between you and your health insurance company or employer. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations and limits on outpatient charges regardless of whether or not our providers participate.
- You must present a current insurance card at each visit. As a courtesy to you, we will bill your insurance company directly for medical services rendered. If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. However, please be advised that you are ultimately financially responsible for payment for medical services rendered.
- According to NC Statute 58-22253, insurers are required to pay a properly submitted claim within 30 days. You have a responsibility to provide information to our office so a claim can be properly submitted.
- If you are uncertain about your current health insurance policy benefits you should contact your carrier to learn the details about your benefits, out-of-pocket fees, and coverage limits.

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- FMAR contracts with many insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If your doctor is out-of-network, additional costs may apply.
- If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.
- FMAR staff is happy to help with any insurance questions relating to how a claim was filed or regarding any additional information the payer might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department. (Telephone number is printed on your insurance card).
- FMAR may release all medical information to insurance carriers and/or Centers for Medicare/Medicaid concerning your illness and treatment and assign payment to FMAR for services rendered to you or your dependent.