



Aegis Medical Center

Internal Medicine

Financial Policy

Co-Payments, Outstanding Balances and Fees

All co-payments, outstanding balances and fees for services not covered by your insurance policy are due at the time services are rendered. For any questions requiring coverage for any services/ treatments, we encourage you to contact your insurance carrier to review costs. As a convenience, we accept all major credit cards, debit cards, checks and cash.

Self- Pay

Patient without insurance coverage will be required to pay for all services at the time they are rendered. We do offer a discounted rate to Self-Pay Patients.

Returned Checks

A \$35.00 fee will be charged on all returned checks. Additionally, we will no longer accept checks from you or any members of your family

Insurance collection

Your medical insurance policy is a contract between you and your insurance carrier and differs from individual to individual, even if from same insurance carrier. Our Providers should not be expected to know your individual insurance benefits or coverage amounts or terms and you should not take any opinion they may offer as fact. As a courtesy, we will bill your medical insurance carrier for services we provide. We will be diligent in making sure your insurance is filed accurately and promptly. It is your responsibility to ensure we have the most current copy of your insurance card, demographic and contact information. If your insurance cannot be verified at the time of service, you will be responsible for payment at time of service, you are responsible for any balance remaining after your insurance carrier has processed your claim (60-90 days). Should your insurance company reimburse us at a later date, we will gladly refund/ reimburse you.

Form Charges

We charge for the completion of several types of forms and correspondence will incur fees. Fees are strictly based on the amount of time required to fulfill your requests. Example Disability forms or Letters.

Charges for these services will range from \$25 for a basic form, and vary depending on the amount of time required by the provider to complete the request.

Transfer of care

When transferring care to another provider, we will request and require you to close out any balances due. Charges for medical records will be calculated according to the North Carolina General Statutes. Payment is due at the time the records request is made.

After Hours

If the on-call physician is contacted after hours and is deemed NOT AN EMERGENCY, there will be a \$35.00 charge added to the patients account. This is NOT reimbursed by your insurance.

Authorization

I agree to be responsible for my medical expenses regardless of insurance coverage; therefore, I authorize my insurance company, attorney, or other parties to pay directly Aegis Medical Center and/or provide any information regarding payment of my bill. If my account should become delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee. I authorize the physicians in charge to administer medical care as necessary including the releases of medical information on my physical condition to any party involved in my treatment.

I have read, understood and agreed to the financial policy stated above, and I accept responsibility for any balance not covered by my insurance company.

Signature of individual/ Guardian

Date

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