

## BLUE RIDGE CARDIOLOGY & INTERNAL MEDICINE, PA

### PRACTICE LOCATIONS:

640 Parkwood Medical Park, Elkin, NC 2862

905 Rockford Street, Mt. Airy, NC 27030

1909 West Park Drive, North Wilkesboro, NC 28659

### FINANCIAL POLICIES

This is an agreement between Blue Ridge Cardiology & Internal Medicine, PA (creditor) and the Patient/Guarantor (debtor) named in this agreement. In this agreement the words "you, your and yours" mean the Patient/Guarantor (debtor). The word "account" means the account that has been established in the patient's name to which charges are made and payments credited. The words "we, us and our" refer to Blue Ridge Cardiology & Internal Medicine, PA.

By executing (signing) this agreement you (Patient/Guarantor) are agreeing to be responsible for payment of all services that are rendered by providers of this medical group. A guarantor is required for all children under the age of eighteen years.

**Co-Pays, Co-Insurance and Deductibles:** If you have insurance with a company or government agency with which we are contracted, any co-payments, co-insurance or deductibles required by your insurance company must be paid at the time of service. If you are unable to make your co-payment at the time of your scheduled appointment you may be asked to reschedule your appointment. If you have insurance with a company with which we are not contracted, we will file your insurance but we will not take any adjustments and you are responsible for any balance not paid by the insurance company.

**Discounts:** If you do not have insurance and have no outstanding unpaid balance with us you may be eligible for a 20% discount by paying in full at the time of service.

**Missed Appointments:** We require 24-hours advance notice of cancellation or re-scheduling of appointments by you. The following fees apply for missed appointments:

1. Office Visits – Your account will be charged \$25.00 for the missed appointment time if you fail to provide us with 24-hours' notice of cancellation or re-schedule.
2. Sleep Studies – Your account will be charged \$200.00 for the missed appointment time if you fail to provide us with 24-hours' notice of cancellation or re-schedule.
3. Cardiology Studies – Your account will be charged \$50 for the missed appointment time, plus the cost of any medication we must order for the study, if you fail to provide us with 24-hours' notice of cancellation or re-schedule.

**Worker's Compensation:** We require written approval/authorization from your employer and worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

**Accident or Personal Injury:** If you are being treated due to a personal injury lawsuit or a motor vehicle accident, payment will be your responsibility at the time of service. With proper authorization we will provide required information regarding your medical treatment but we will not become third-party to any legal action on your behalf.

**Returned Checks:** Your account will be charged a \$25.00 return check fee for any check that is returned by the bank for insufficient funds. Repeated return checks will result in a requirement for payment in cash only.

**Monthly Statement:** If there is a balance on your account, we will send a monthly statement. It will separately show the previous balance, any new charges and any payments or credits applied to the account since the last statement.

**Payments:** Unless other arrangements are made with us in writing, the balance on your statement is due and payable when the statement is issued and is past due if not paid within thirty (30) days.

Revised 04.07.22

