



# Office/Financial Policy – Effective April 2024

**Redefined For Her is committed to providing our patients with the best medical care. Our financial policy has been established with these objectives in mind and to avoid any misunderstanding concerning payment for professional services.**

## **Payments are due at Time of Service, at Check-In**

- Your copays, coinsurance, deductibles, and any balances are due at the time of service in check in – no payment is collected for preventative appointments OR patients that have a commercial secondary insurance.
- Your insurance card is required with each office visit. We will reschedule your appointment if you do not have your current card available.
- Please update all information including home address, phone number and email address at every office visit.
- Self-pay patients will be required to pay \$150 at check in, before their office visit – anything owed, after the appointment will be collected at check out. Anything owed back to you will be refunded by mail.

## **Patients with insurance**

- If your insurance policy shows that it is in the “federally mandated grace period”, you will be considered self-pay for all services, until that status changes on your insurance website.

## **Credit Card on File**

- A card on file is REQUIRED – you may use a credit, debit, HSA/FSA or care credit card.
- This service allows you to store your card on file and pre-authorize transactions automatically. The practice will use card-on-file to collect any balances after the patient’s insurance company has processed the claim. The stored card can be used to pay co-pays, outstanding balances, coinsurance, and deductibles for future visits. You will receive an email notification 5 (five) days prior to the payment being processed along with our phone number if you have any questions.

## **Care Credit**

- Please visit the CareCredit website at • [www.carecredit.com](http://www.carecredit.com) for more information on their financial requirements.

## **Minor Patients**

- Minors under the age of 18, are required to have a parent or legal guardian present at the appointment to provide consent for treatment unless the treatment/care falls under the North Carolina Law statute 90-21.5.

## **FMLA Forms & NSF Fees, or Charges**

- FMLA Forms – 1st request is \$25.00 – Each additional request is \$10.00 – Please allow 7 business days.
- Returned checks will have a \$35 service charge.

## **Collection Policy**

- If a balance remains after insurance has processed the claim(s), up to three (3) statements will be sent to the patient. If the patient fails to make regular interval payments, (at least monthly payments) or pay the balance in full, you will be sent to an outside collection agency and may result in being dismissed from the practice.



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**Your health and well-being are very important to us.**

**Missed appointments represent a cost to us and to other patients who could have been accommodated. Failure to comply with your medical care and appointments may result in being discharged from the practice.**

- There will be a \$50 charge for all cancellations less than 24 hours prior to your appointment.
- There will be a \$50 charge for failure to keep an appointment (no-show)
- There will be a \$100 charge for procedure or surgery cancellation less than 48 hours.

Please turn off or silence your cell phone as a courtesy to the provider, staff, and other patients. If you must answer a call, please leave the lobby area for more privacy.

**We thank you for the privilege of being a part of your care team.**

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_