



1240 Environ Way * Chapel Hill, NC 27517
Phone: (919)240-7269 * Fax: (919)240-7816

Financial Policy

At the time of your visit, we ask the following:

- Please provide your current and correct insurance information. You will be asked to show your insurance card and driver's license at each visit.
- Your co-pay or deductible payment is expected at the time of service. Please contact your insurance company prior to your visit to determine required deductibles and copayments.
- Unpaid balances must be paid prior to the next office visit. If you are unable to make a payment or establish a payment plan, you may be asked to reschedule your appointment.

Payments:

- We accept Cash, Check, Visa, Master Card, American Express, and Discover.

Insurance:

- Our practice is in network with Aetna, Blue Cross Blue Shield, and Cigna (with the exception of Blue Home, Aetna Signature, and Cigna Connect plans)
- We are not in network with Medicare, Tricare, United Healthcare, Blue Home, Aetna Signature, and Cigna Connect plans

Self-pay and non-participating insurance:

- "Self-pay" is anyone that does not have health insurance. Payment is expected in full at the time of service for all self-pay patients.
- Non-contracted insurance plans are considered non-participating and will be processed as out-of-network. Payment is expected in full at the time of service for these insurance plans. You may then request reimbursement directly from your insurance company for out-of-network payments.
- All balances will be expected to be paid in full before services are rendered unless prior arrangements have been made.

Medicare:

- We are not contracted with Medicare. Therefore, services are not covered and the full payment will be due at the time of the visit. You will not be able to submit a refund request with Medicare, as they will not reimburse for a provider that is out of their network.

Cancellation fees: All cancellations require 24 hour advance notice to avoid any charges.

- No Show or Late Cancellation for a follow up or acute visit will be charged a \$50 fee
- No Show or Late Cancellation for an annual will be charged a \$100 fee

Returned checks: Returned checks are subject to a \$35.00 service fee.

Collections: Accounts sent to collections are subject to a \$15.00 service fee.