

**Cary Rheumatology & Arthritis Associates PA**  
**1720 NW Maynard Rd, Cary, NC 27513**  
**P: 919-344-0180, F: 919-851-1900**

**Financial Policy**

Thank you for choosing Cary Rheumatology & Arthritis Associates as your healthcare provider. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. It is your responsibility to notify our office of any patient demographic information changes (i.e. address, name, phone number and insurance information, etc.).

**1. PAYMENT**

At check-in a payment for our services is expected. Payment will include a co-payment amount, unmet deductible, co-insurance, or non-covered charges based on your insurance plan. We accept cash, check, or credit card. Patients with a high deductible (with no co-payment listed on the Insurance card) are required to pay \$275 at the time of check-in for a new patient visit or \$150 for a follow up visit. The balance will be refunded as soon as a payment from insurance is Received.

**2. INSURANCE**

We will file all of these insurance claims. Please remember that insurance is a contract between the patient and the insurance company. In order to properly bill your insurance company for the services we provide, we require that you disclose all insurance information including primary, secondary, and tertiary insurances, as well as any recent changes in your insurance information or status. And ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. Any service not covered by your insurance will also be your responsibility.

**3. Referrals/Authorizations**

If your insurance company requires a referral and/or preauthorization for any services we provide, please inquire about how to obtain this approval from our business office staff or our billing department, and we will be happy to guide you. Lack of required authorization may result in a denial of payment by your insurance company, and the balance would become the patient's personal responsibility.

**4. Self-Pay Accounts**

Self-pay accounts are patients without insurance coverage, patients covered by an insurance plan Cary Rheumatology does not participate with, or patients without an active insurance card on file with us. As noted above, Cary Rheumatology requires our patients to pay for the office visit in full at the time of service. As an added convenience, Cary Rheumatology does accept Credit card/, checks and cash as a form of payment.

**3. TEST RESULTS**

It is your responsibility to check with your insurance regarding covered services for lab work and radiology as far as which facility is authorized under your policy contract with the insurance.

#### **4. RETURNED CHECKS**

A \$30.00 service charge will be placed.  
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#### **5. CANCELLATIONS OR MISSED APPOINTMENTS**

Our office requires at least two business days notice for cancellations. Failure to do show will result in No show fee of \$75 for follow up visit and \$125 for new visit or infusion visits.

#### **6. BILLING STATEMENTS**

Our billing statements reflect the individual charges billed, the payments and adjustments related to those charges, and the balance due. Patients will receive a monthly statement showing the specific amounts due which are due upon receipt. If you have any questions regarding the statement, please call 919-344-0180 ext 3.

#### **7. PAST DUE ACCOUNTS**

Patients with delinquent accounts will be required to make payment before the next appointment can be scheduled. Such patients will not be able to continue medical care in our office. Cary Rheumatology makes every attempt to avoid turning a patient's account over to an outside collection agency. In the event the account is sent to outside collections, the person who is financially responsible for the account will be responsible for all collection costs, including attorney fees and court costs. Patients accounts who have been sent to collections cannot schedule an **appointment until the collection balance is paid in full.**

#### **8. Account Refunds**

Cary Rheumatology makes every attempt to provide a good faith estimate of the cost of services we provide. In the event that we over collect for these services, we are happy to provide a timely refund after all services have been properly adjudicated by your insurance company and the balance of the account has been paid in full. Cary Rheumatology writes refunds checks once monthly as necessary.

I have read and understand the Cary Rheumatology & Arthritis Associates' financial policy. I hereby authorize Cary Rheumatology & Arthritis Associates and its providers to bill my insurance as given. I understand that I am responsible for paying the deductible, co-insurance, copay and any non-covered services as determined by my insurance company and the above financial policy.

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**Signature of Patient or Guardian**

**Date**

\*\*\*\*Please keep a copy for your review. You will be signing the same policy electronically on our patient kiosk when you check in our office the day of your first visit.\*\*\*\*

Updated : January 12,2024