

# Financial Policy

We at Cape Fear Otolaryngology are committed to providing you the best possible care. Our staff works as a team to provide medical expertise as well as old-fashioned courtesy and compassion. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payments for services are due at the time services are rendered. We accept Cash, Check, MasterCard, Visa, and Care Credit. If you are interested in applying for a Care Credit account, you can apply online at [www.carecredit.com](http://www.carecredit.com), speak with one of our staff, or visit our website at [www.capefearoto.com](http://www.capefearoto.com).

Payment plans are only offered on certain costly services and must be approved by your physician prior to services being rendered. The minimum payment amount on a budget account will be \$50.00 monthly.

As a courtesy to our patients, we will file and accept payment directly from your insurance company. Since most insurance companies do not pay 100%, you are responsible for your portion at the time of service. Our office will estimate your financial responsibility but please keep in mind that this is only an estimate based on information provided by your insurance company.

Returned checks (return check fee of \$35.00 will be assessed), and balances older than 90 days will be subject to additional collections fees and interest charges of 1% per month. **Charges may also be accrued for recurring cancellations and untimely cancellations of appointments without proper 24 hour notification.**

While filing of insurance claims is a courtesy that we extend to our patients, please be aware:

- Your insurance is a contract between you, your employer and your insurance company.
- Insurance may pay all, some or none of your bill; however, your portion will be due prior to service. If your insurance has not paid a claim within 30 days you may be billed for unpaid balance.
- Not all services are a covered benefit. Some companies arbitrarily select certain services that they will not cover. Please familiarize yourself with your insurance plan and coverage, benefits vary.

As your health care providers we must emphasize, **our relationship is with you**, not your insurance company. We realize that financial problems may arise and affect timely payment of your account. If this should occur please do not hesitate to contact our Insurance and Billing Staff so that they may assist you in managing your account.

If you have questions regarding our financial policy, or if you are uncertain of your insurance coverage, please contact our staff. We are here to help!

- ⇒ I hereby authorize payment of my medical benefits to **Cape Fear Otolaryngology** for services rendered, as well as my authority to submit claims, accept assignment of benefits, and authorize release of information related to my claims.
- ⇒ I consent that Cape Fear Otolaryngology staff may leave personal messages regarding my account on voicemail as well as answering machines.

I understand this financial policy and agree to all provisions stated above:

Patient/Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

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