

FINANCIAL POLICY

Easley Head & Neck Surgery, P.A.
115 Whitmire Road Easley, SC 29640
Phone: (864) 855-2411 Fax: (864) 855-2413

Please read this carefully. If you have any questions, a member for our staff will be glad to assist you.

1. **PAYMENT FOR SERVICES:** All co-pays and co-insurance amounts are due at the time of service. Our office staff will inform you of the amount due when you check out. If this information is needed prior to being seen, please inform the receptionist. We will file your insurance claims, but you must provide us with the correct information as well as a copy of the insurance card. **Should you fail to give us correct information, you will be responsible for all charges.**
2. **METHODS OF PAYMENT:** You may pay with cash, check, Visa, MasterCard, American Express or Discover.
3. **RETURNED CHECKS:** There is a \$30.00 fee for returned checks and we reserve the right to prosecute. In the event of a returned check, we will no longer accept personal checks as a method of payment from you.
4. **HMO PLANS:** Managed Care Plans require authorization to be seen in this office. While we make every effort to assure this authorization is received, you are responsible for verifying that the authorization has been received. Should you have a work-in visit with no authorization, you will be responsible for that visit.
5. **SURGERY:** Should you require surgery, our billing department will verify benefits from your insurance company. Typically, we require 100% of the amount that you will owe for the surgery at the pre-operative visit.
6. **DISABILITY FORMS:** Disability forms can be completed subject to a fee of \$15.00 per form. **Please allow 1-2 weeks for the completion of these forms.**
7. **MEDICAL RECORDS:** We are glad to respond to valid medical records requests signed by the patient or legal representative. Per South Carolina State Law, records are charged to a fixed schedule, and this amount must be paid prior to release of the records. We will forward the records to the referring Physician, or any Physician we refer you to at no charge. Please allow up to 30 days for the copying of medical records.
8. **REFUNDS:** At times, your account may have an overpayment. Overpayments of less than \$20.00 will be credited to your account for your next visit. If you

have not come into the office for over a year, credits less than \$20.00 will be refunded. Larger refunds are sent out monthly, after all outstanding insurance claims have been paid and our billing department has confirmed that there are no outstanding balances with the Piedmont Surgery Center.

9. **SPECIAL NEEDS:** We realize that temporary financial difficulties may make it difficult to pay off your balance monthly. If such problems arise, **please contact us promptly** so that we may set up a manageable payment plan with you. We are willing to work with you on your account, but you **must** notify us when there is difficulty paying.

10. **COLLECTIONS POLICY:** If no payment is made on your account after 60 days (2 billing cycles), the account will be turned over to a collection agency. At this time, a 28% collection fee will be added to the account, it will be reported to a credit bureau and you will be discharged from the practice. The numbers listed on the Patient Registration Sheet may be used to contact me regarding any billing or collections issues. These numbers may also be used by the collection agencies regarding any past due amount that is turned over to them.

11. **QUESTIONS:** If you have any questions regarding any of our policies, your statement or your insurance, please call us at (864) 855-2411. We are happy to work with you on your account.

I have read and understand the financial policies of Easley Head & Neck Surgery.



Signature of Patient or Legal Guardian

Date