

Welcome to Patient Centered Care, PLLC
Office 910-799-6262 Fax 910-799-6261
www.patientcareofwilmington.com

In order to better serve your needs and clarify any questions that you may have regarding your insurance, appointments, prescription refills, etc., we have adopted the following policies.

Please take this information home with you to refer back to. If you have any questions, please speak with a member of the office staff and they will gladly assist you.

1. Insurance filing and balance due:

- We will gladly file your insurance claim.
- If we do not participate with your insurance company you will be responsible for payment in full the day of your appointment. We will then courtesy file your insurance claim for you and any reimbursement will be sent to you.
- **Co-pay amounts are collected when you check-in.** If you are unable to pay your co-pay we will reschedule your appointment.
- Medicaid patients must show their new Medicaid card each month. If you do not have your new card you will be asked to reschedule your appointment.
- All insurance changes must be given to us at the time of service. If your insurance changes, and we are not notified, you will be responsible for all charges. We will not bill your insurance for any prior charges before the change notification.
- In the event your health insurance plan determines a service to be "not covered" you will be responsible for the charge.
- As a courtesy to you, insurance forms for services rendered will be completed by our office with your primary and secondary insurance carrier. **We will not file third insurance, but will provide you with the information needed to do so yourself.**

2. Statement Procedure:

- We will mail a "statement" to the address you have provided once we receive payment from your insurance carrier. In the event that payment is not received from you within 30 days, a second "past due statement" will be mailed.

3. Returned Check Fee:

- **If your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a \$25 processing fee.**

4. Prescription Refills:

- Ask your pharmacy to fax us a refill request at 910-799-6261 or by eRx and allow 24 hours for all prescription requests.
- We do not take prescription requests through our 24 hour emergency call service.**

5. Completion of Forms:

- Any forms not associated with reimbursement of a claim will be a **\$25.00 fee or more to the patient** due prior to completion of the form(s).

6. Appointment cancellations or reschedules:

□ We ask that you give us 24 hour notice if you need to cancel or reschedule an appointment. This will allow us to give the appointment to someone who may need it. **There is a \$25.00 charge for a missed appointment in which prior notice was not given.** This charge must be paid prior to your next appointment.

7. Late Appointments:

□ If you are 15 minutes late or later for your scheduled appointment you may be asked to reschedule.

8. After hours care:

□ Should you become ill after office hours you may call our office at 910-799-6262 and the call will be forwarded to an after-hours answering service. If you are having a true medical emergency please call 911.

9. Hospitalization:

□ If you require hospitalization then you will be referred to the hospitalist service at New Hanover Health Network. Once you are discharged from the hospital you will be scheduled for follow-up with our office. All of your records from the hospital will be available to us through our physician portal.

10. Patient Portal:

□ You may request to sign up for our secure website. All you need is an email address. This service will allow you to send messages to your provider and the office, request refills, review your lab results, request appointments and review upcoming appointments, update your address and phone number. Allow 24 hours for your requests to be completed.

Please sign to acknowledge receipt and understanding of the above policy.

Signature

Date