Financial Policy

Thank you for choosing Cary OBGYN. We are committed to providing you quality medical care and building a lasting relationship with you. As part of this relationship, we wish to establish our expectation of your financial responsibility.

Guarantor: All patients 18 years and older carry financial responsibility, with the exception of disabled adults with a legal guardian. In such cases, financial responsibility rests with the legal guardian. The accompanying adult of a minor, 17 years and younger, is financially responsible for services rendered to the minor. We are not party to your child support order or divorce decree.

Self-Pay: Patients ***without*** insurance coverage will be required to pay for all services at the time they are rendered. We do offer a discounted rate to self-pay patients who pay in full at the time of service.

Insurance Collection: **Your medical insurance policy is a contract between you and your insurance carrier**. You are responsible for knowing and understanding your insurance benefits and coverage. As a courtesy, we will bill your medical insurance carrier for the services we provide. We will be diligent in making sure your insurance is filed accurately and promptly. We will always ask for updated insurance, demographics, and contact information at your appointment. Please be sure you provide us with the most up-to-date information and insurance card. Outdated information will cause delays in processing your claim and may lead to out of pocket expenses for you. If you are unable to provide current insurance information, or we are unable to verify coverage through your insurance carrier at the time of service, you will be responsible for payment prior to services being rendered. Should your insurance company pay for those services, we will gladly refund/reimburse you.

Co-pays, Outstanding Balances, and Fees: All co-payments, outstanding balances and fees for service not paid by your insurance policy are your responsibility and due at the time services are rendered. Payment of any fees not collected at the time of service, for any reason, is expected within 30 days.

No Show / Cancellation Policy: Missed appointments represent a cost to us and to other patients who could have been accommodated. Appointments missed or not cancelled at least 24 hours before the appointment time will result in a $75 fee.

No show / cancellation fees are not covered by insurance and are your responsibility. This fee will need to be paid in full before you will be permitted to schedule another appointment. Three (3) no shows / late cancellations within a one (1) year time span are considered excessive and will result in being dismissed from the practice.

Surgical appointments, in comparison to a typical appointment, differ substantially in scheduling requirements, availability, cost, and also affect our future accessibility to the OR. Therefore, surgical appointments carry their own cancellation requirements. A $250 deposit will be collected prior to scheduling your surgery to be used towards your financial responsibility and will be forfeited should you choose to cancel your surgical appointment with less than one week notice.

Forms Charge: Requests to complete forms, such as disability forms, will incur a $20 fee.

Past Due Payments: If you are experiencing financial hardship or are unable to pay your bill in its entirety, please contact our billing department to discuss payment options. Patients with a past due balance or who have missed a payment, will not be permitted to schedule an appointment until payment arrangements have been made with our billing department. Balances that remain unaddressed after ninety (90) days will be sent to collections. The patient will be dismissed from the practice and we will no longer be able to provide services.

Returned Checks: A $35 fee will be charged on all returned checks. Additionally, we will no longer be able to accept checks from you for yourself or any members of your family.

Transfer of care: When transferring care to another provider, we will request and require you to close out any balances due.

Cary OBGYN reserves the right to dismiss any patient from this practice who consistently fails to meet this policy or who refuses to sign this agreement. By signing below, I understand and agree to the terms of this office's financial policy.

Signature (Patient or Legal Guardian) Date

Patient Name DOB