

SOUTH CHARLOTTE GENERAL & VASCULAR SURGERY, PLLC.

10512 Park Rd. Suite 111, Charlotte, North Carolina, 28210 Phone: 704-910-8380 Fax: 704-817-9980

Financial Policy

Thank you for choosing South Charlotte General & Vascular Surgery (SCGVS) as your health care provider. It is the policy of this practice to provide the finest quality of medical care available. In an effort to make our services available to as many patients as possible on an affordable basis, this practice employs firm practice management. This enables us to provide the highest level of care and at the same time be sensitive to cost containment. In an effort to be fair to all patients, we have adopted the financial policy outlined below. Please take the time to read this policy in its entirety:

REGARDING INSURANCE

You are required to provide us with a valid copy of your insurance card and it is your responsibility as the patient to keep our office informed as to any changes in your insurance coverage. Verification of coverage will be attempted at or prior to your initial appointment. However, insurance verification is not a guarantee of coverage or payment. Ultimately, your insurance policy is your responsibility and we encourage you as a patient to be aware of your own plan and its allowable services. **Co-pays, co-insurance and deductibles are your full responsibility. You, the patient, are fully responsible for your account in the event that your insurance fails to pay.**

PAYMENTS

We accept cash, checks and all major credit cards. Payments can be made in our office, mailed in or made over the phone. Any **check returned for insufficient funds will be subject to a penalty of \$30** and our office reserves the right to seek any remedy at law.

There is a \$25 administrative fee to complete documents pertinent to FMLA (Family Medical Leave Act) and/or disability papers as this is a reasonable and customary fee.

To keep your account current, we ask that you pay the balance within seven (7) days of receiving a statement from our office. We ask that you make, at the least, monthly payments of a reasonable amount towards your account, as decided between our billing management departments with consideration of the patient's ability to pay.

Should your account remain past due, we reserve the right to refer your overdue account to a third party for collections. If the matter is referred to a third party for collections, then you as the patient is responsible for any reasonable fees associated therewith and/or any attorney fees, interest added, etc as a result of collecting overdue balances. **It is strongly encouraged that you contact our office to discuss any past due amounts in order to avoid having your account turned over to a third party collection company.**

NO SHOW / LATE CANCELLATIONS

We try our very best to stay on time and yet provide the highest quality of service we can to each individual patient. We appreciate your understanding in regards to the fact that Dr. Antezana is an on call physician that is sometimes called out for emergency surgeries and at times, we apologize, but we may need to reschedule your appointment.

If you are unable to keep your scheduled appointment, please, kindly give us a 24 hour notice to avoid a "no-show fee" of \$30 for a regular office visit and \$50 for an ultrasound or procedure. While this charge does not begin to cover the cost of a lost appointment, we hope that it will serve as a reminder for you to be courteous to other patients who could have been seen at that time.

Thank you,
South Charlotte General & Vascular Surgery

Patient Signature

Date

Patients Printed Name

Date of Birth