FINANCIAL POLICY

Practice Financial Policy

The physicians and staff of Owen Drive Surgical Clinic of Fayetteville, are dedicated to providing you with the highest quality health care in a cost-effective manner. We regard your understanding of our financial policy as an essential component of your care and treatment. To assist you, we have outlined the following financial policy. Please feel free to address any questions and concerns to our staff.

Unless other arrangements have been made in advance by you or your insurance carrier, full payment is due at the time of service. For your convenience we accept VISA, MasterCard, Money Orders, Checks, and Cash.

YOUR INSURANCE

We have arrangements with many insurance companies, HMO'S, and PPO plans.
We will bill primary and secondary insurance plans as a courtesy to you.
Please be aware we allow 90 days from the date of service for insurance companies to pay all claims. You are financially responsible for all services provided, even if your insurance company determines them to be non-covered services. Co-payment and deductibles will be collected at time of service.The co-payment will be collected when you arrive for your appointment. We will also bill your health plan for all physician services we provide in hospitals.

If you have any other insurance in addition to the secondary supplement you will be responsible to provide this clinic with that information. Any outstanding balance after all insurances have paid will be the patient's responsibility, unless we have a different arrangement with the insurance provider.

Please be aware we accept assignment from the following major insurance companies: Medicare, Medicaid, BCBS, Medcost, Aetna, Cigna, United Healthcare, and Tricare Prime. Feel free to call our central billing office at (910) 323-0101 a few days prior to your appointment if you should have further questions regarding your insurance.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Minor Patients: Services rendered to minor patients will be the responsibility of the adult accompanying the patient.

Please print patient's name____

Signature of patient or responsible party_______________________________________
Date________________________________

Revised 8/2013