

CFM FINANCIAL POLICIES

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

PAYMENT IS DUE AT THE TIME OF SERVICE

PAYMENT

We do accept the following methods of payment. CASH, CHECKS, MONEY ORDER, and VISA, MASTERCARD & DISCOVER. There is a service charge for a returned check of \$30 & the privilege of writing a future check will be revoked.

Online payments are available through our website (www.cfmofgreer.com). You can make your payment on the PAY NOW portal with a credit card only. It is secure and all information will be encrypted. You will be able to print a receipt.

We do not accept post-dated checks, nor will we hold checks for any length of time.

Patients with an outstanding balance must make arrangements for payment prior to scheduling appointments. Please call the billing office at 864-469-7920 or 864-989-0230 and press 3. You will receive a receipt for the services we provided.

AFTER HOURS VISITS

There may be an additional charge for patients seen by our providers after routine office hours. This includes Saturday afternoons and Sundays. Routine office hours are from 8:00 a.m.-8:00 p.m., Monday, 8:00 a.m.-5:00 p.m., Tuesday-Friday, and 8:00 a.m.-2:00 p.m., Saturday. The charge will be \$30.

MISSED APPOINTMENTS

There may be a charge for missed appointments. This charge also applies to appointments canceled with less than a 24-hour notice.

INSURANCE

Please bring your insurance card with you at each appointment.

We must have current and accurate insurance information in order to file a claim.

If you are enrolled with an insurance company we participate with, we will submit services that are normally covered up to 90 days from time of service only.

If you are enrolled with an insurance company that we do not participate with, you will be responsible to pay us upfront and seek reimbursement from your insurance company. We will provide you with the necessary information to submit to your insurance company.

Please note, we do not take Medicaid as secondary.

You are financially responsible for all services rendered regardless of insurance claims.

We will allow 60 days for the insurance to pay a claim. After that time, we will require payment from you.

Please be prepared to pay your co-payment, deductible, co-insurance, and any other payment due as a result of your insurance contract at the time of service. If your copay is not paid at time of service, a surcharge of \$10 will be added to your statement.

If you have any questions or concerns regarding our policy, please don't hesitate to speak with our billing office or contact our Business Manager who can be reached at 864-469-7920 or 864-989-0230 and press 3.

LAB WORK

Charges for lab work are billed directly to the patient by LabCorp. We send insurance information, which you have provided to us, but we are not responsible for any billing issues. For patients who have a high deductible or are self-pay, the lab service can be paid to us at the time of the visit for a significant cost savings.

MEDICAL RECORDS

There will be a fee for copying medical records of \$25-\$35. This fee applies to records picked up by the patient. If the records are sent directly to another physician's office, there is no fee.

PHONE CALLS & PRESCRIPTION REFILLS

We do charge for phone calls when a doctor/nurse-practitioner gives medical advice. Our charge is \$15 to \$20. We also charge for prescription refills not done at the time of an office visit. The charge is \$10 to \$20.

FORMS

There will be a charge for completion of forms such as DOT/Sports Physicals, FMLA, etc. not completed at time of office visit. Charges range from \$5 to \$45.

MANAGED CARE

If you are enrolled in a managed care insurance plan(i.e. HMO), you must receive a referral from our office before going to any specialist appointment. NO retroactive referrals will be given.

SELF-PAY

You are responsible for full payment of charges at the time of service. All charges must be paid unless you have a payment plan. If not paid at the time of service, a surcharge of \$10 will be added to your statement.

This office is not responsible for any dissemination or disclosure of your confidential medical information once we provide such information, at your request, to your health insurer or employer.