



FINANCIAL POLICY

Our policy is the patient has the responsibility for payment of their account. Payment is collected at check in for amounts known to be due at the time services are rendered. This may represent a copayment, coinsurance, or deductible amount. Piedmont Family Practice LLC participates with a number of insurance plans. Please contact your insurance company to verify participation. If your insurance carrier is one with which we have a participation agreement, you will be expected to pay your portion of the charge on the date of service, and we will file your claim. If you have a co-pay amount, it will be due and payable at the time of service. We will allow a period of 45 days from the filing date for your carrier to process and pay your claim. If your claim has not been paid within that period, full payment, as well as any follow up with the insurance company, becomes your responsibility. If your insurance company is not on our list of participating carriers, we will file your claim as a courtesy, but you will be responsible for any out of network fees or coinsurance amounts at the time of service. If we refer you to a specialist or schedule procedures or tests we will try to send you to a facility that participates with your insurance. Ultimately, it is the patient's responsibility to call the insurance company to confirm the provider is in the network and the procedure/test is authorized. If you are not covered by an insurance plan, payment in full of all charges will be expected at the time of service. In the event your account becomes a bad debt and we discontinue providing services we will require the entire balance be paid as well as a reinstatement fee prior to reinstating you as a patient.