



8-B Farmfield Avenue · Charleston, SC · 29407
(P) 843.266.9200 (F) 843.266.9201

Point of Service Collection Policy

Participating Provider Plans

- Our billing department will file your insurance for services rendered.
- The patient is responsible for presenting all **current** available insurance cards at the time of service.
- The patient is responsible for all co-pays, deductibles, co-insurance at the time of service.
- The patient is responsible for knowing their policy coverage, deductibles, co-insurance, Etc.
- The patient is responsible for insurance follow-up with their plan regarding student status forms, manual employer claim forms, accident/injury information and terminated insurance plans.

Non-Participating Provider Plans

- The patient is responsible for full balance at time of service unless other payment arrangements have been made.
- Our billing department will file patient insurance as a courtesy. If your insurance company sends payment to the practice rather than to you, a refund will be issued promptly.

Self-Pay Patients

- Patients with no insurance coverage will be considered self-pay.
- Self-pay patients will sign this form indicating that they have NO health insurance coverage.
- Self-pay patients are responsible for full balance at time of service unless other arrangements have been made.

Collections

- Collection notices begin if the balance has not been paid within 90 days.
- All unpaid balances may be sent to an outside collection agency. This may result in a negative credit rating.
- A billing fee may be added to the account if payment is not received within 30 days of billing date.

I do not have health insurance coverage.

I have health insurance coverage with _____.
(insurance company name)

Signature of Patient, Parent, Guardian

Date