

**CAROLINA GYNECOLOGY, PA**  
**FINANCIAL/OFFICE POLICIES**  
(Co-payments are due at time of service.)

**CREDIT CARD ON FILE**

Our office policy requires a credit card on file. You are welcome to leave a HSA or Flex card on file. (Health savings account) We will email you 5 days before the card is deducted. If you feel that the charge is incorrect, we can hold the charge until you sort out the situation out with your insurance company. Card on file is used for anything the insurance company does not cover. (This includes co-pays, deductibles and co-insurance)

**RETURNED CHECK FEE**

We are happy to accept your personal checks. In the event that the check is not honorable by your bank for insufficient funds, there will be a \$25 charge to cover the returned check fee. All patients that had checks returned to us will be required to pay by some other method (cash, debit, or credit card) in the future.

**NO SHOW & SAME DAY CANCELLATIONS**

If you are unable to keep your scheduled appointment, please call the office immediately. Please give us a least 24 hr notice for cancellation or by our policy you may be subjected to a \$40 no show/same day cancellation charge. We reserve the right to discontinue our service after (3) missed appointments.

**CONFIDENTIALITY**

Our work together is completely confidential, as are your records. Your social security number is required for billing and financial responsibility. This information is protected under the same confidentiality laws as your personal medical records. Your explicit permission is required to release information about your treatment to doctors, insurance companies, family members or other (including other practitioners).

**REFUNDS**

The office policy on refunds is such that you will not be reimbursed for refunds less than \$20. All refunds less than this amount will be reserved and applied towards future charges that incur. All refunds can take up to 60 days as processed through the executive office.

**DISCRIMINATION**

We do not tolerate discrimination. We do however maintain the right to terminate care in the setting of violence, abusive or threatening behavior, noncompliance with care and/or office policies, and failure to make payment arrangements.

**MEDICAL RECORDS/BILLING**

We are happy to process your request for medical records. Our fee may be up to \$20 for copying, faxing and/or permanent transfer of medical records above 15 pgs or more. For questions regarding billing please contact our office directly at (919) 846-6962.

**PRESCRIPTION POLICY**

We are unable to call in routine prescription refills after normal business hours, as we may not have any access to your chart. If this is necessary you may be subjected to a \$25 charge. Please contact your pharmacy for refill requests and allow up to 48 hr notice for routine prescription refills.

I, the undersigned, have read & understand the financial and office polices described in this document for Carolina Gynecology, PA and agree that I am subject to these polices until they are revoked in writing.

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Signature of Patient or Legal Guardian

Date

**Carolina Gynecology, PA  
700 Exposition Place, Suite 161  
Raleigh, NC 27615**

Phone (919) 846-6962 ~ Fax (919) 841-0239

**The Basic Annual Exam**

As healthcare providers we are happy that many insurance companies offer 100% coverage for Annual Wellness Exams. This important visit, consisting of: consultation, pelvic and breast exams, and a pap smear, enables us to evaluate your overall health and helps ensure that you are not developing an unexpected problem or illness.

**Care for Medical Problems During the Annual Exam**

If your physician notices or is asked to assess a problem during your Annual Exam, we may or may not be able to treat you during the same visit. This depends on the complexity of the condition, clinical timing, and insurance/billing guidelines. Please note that most insurance companies will hold you responsible for an additional co-pay and/or coinsurance for assessment and treatment of a problem, regardless of whether the care happens during the Annual Exam or not.

\*State Law prohibits us from classifying care for medical problems as part of the Annual Exam or coding them as preventative screenings. Therefore, we can't make any exceptions. Knowingly reporting incorrect or altered information on an insurance claim is a criminal act of medical fraud and is a Class I Felony under the NC False Claims Act.

**Additional Screening Tests**

Based on your personal history, family history or other risk categories, your physician may recommend certain screening tests to assist in your care. The decision to have them performed is of course, yours. Each insurance policy has specific guidelines about coverage for screenings and some may not consider the test medically necessary, even if it is recommended by your physician. While we will do all that we can to ensure procedures are covered by your insurance company we ask that you please remember that it is ultimately your responsibility to investigate whether you are covered and to provide the coinsurance or co-pay that your policy requires.

**Patient Signature and Acknowledgment:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Carolina Gynecology, PA**

700 Exposition Place, Suite 161

Raleigh, NC 27615

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Authorization for release of information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Carolina Gynecology, PA is authorized to release protected health information about the above named patient to entities listed and initialed below:

\_\_\_\_ Leave information as voicemail or on answering machine \_\_\_ cell, \_\_\_ home, \_\_\_ work

\_\_\_\_ Give information to family member or friend: \_\_\_\_\_

\_\_\_\_ Mail information to my home address

Description of information to be released:

\_\_\_\_ ALL forms of my health information

\_\_\_\_ Billing and financial information ONLY

\_\_\_\_ Test results, radiology, and pathology

\_\_\_\_ Medical instructions and advice (may include but not limited to prescriptions and use)

\_\_\_\_ Other information as described: \_\_\_\_\_

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect and copy the protected health information to be disclosed as described in this document by sending a written and signed notification to:

Carolina Gynecology, PA  
700 Exposition Place, Suite 161  
Raleigh, NC 27615

I understand that a revocation is not effective in cases where the information has already been disclosed, but will be effective going forward. I understand that information used to disclose as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that this authorization shall be in force and effective until revoked by the patient or representative by signing this authorization.

\_\_\_\_\_  
(Signature of patient, guardian, or Power of Attorney) Date: \_\_\_\_\_

Acknowledgement of Receipt

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices of Carolina Gynecology, PA.

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are signing as the personal representative of the above patient:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_