

Corridor Primary Care, P.A.
Internal Medicine
Financial Policies

Charges for medical services are due at the time services are rendered. Payment may be made with cash, check or credit card. Patients covered under PPO or HMO policies must pay copays/deductibles/coinsurances at the time of service. We will file your insurance claims as a courtesy to you. If your insurance carrier does not pay your account within 60 days of service, you will be responsible for payment. If Corridor Primary Care (CPC) doctors are not providers under your plan, payment is expected at the time of service and the claim will be filed as un-assigned. Payment arrangements can be made with the office manager if you are unable to pay your full balance due. Please ask to speak to the office manager at the time of your visit. Balances past due over 90 days will be collected by a collection agency.

Medicare patients

CPC accepts Medicare assignment. We will file all services performed in our office with the exception of lab work. Lab work is provided by independent labs. Supplemental policies will be filed if you provide our office with correct policy information. Supplemental claims returned due to incorrect information will be forwarded to the patient. Payment for services considered NON-COVERED by Medicare will be due at the time of such service.

PPO/HMO patients

CPC participates in many insurance plans. It is the patient's responsibility to verify that the CPC doctor is in your particular plan. To obtain a referral for specialist care, you must give us three (3) days notice prior to your specialist's appointment. The insurance plans will not allow us to "back date" referral authorizations. Payment for non-covered services is due at the time of such service. Please tell the staff if you have preventative or wellness benefits coverage.

Assignment of Benefits

I hereby assign medical and/or surgical benefits to include major medical benefits to which I am entitled, payable to Corridor Primary Care, P.A. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered valid as an original. I understand I am financially responsible for all non-covered charges, deductibles, copays and coinsurance balances due. I have read the financial policies of CPC listed above. I authorize said assignee to release all information necessary to secure payment.

Name (please print)_____

Date of Birth_____

Signature

Date