

KNOW AND SHOW SOLUTIONS, PLLC

FINANCIAL POLICIES

- **Full payment is due at the time of service *unless* we have a contract with your insurance company. Your Specialist co-pay or deductible payment is expected in full at the time of service.** We accept cash, checks, Visa, MasterCard, American Express, and Discover. Returned checks are subject to a **\$25 service fee**.
- You will be asked to show your current insurance card(s) and photo ID at every visit.
- New patients who do not present a current insurance card will be asked to pay in full at the initial visit.
- All patients without insurance will be asked to pay up front, prior to services being rendered. All self-pay charges paid in full at time of service are eligible for a Prompt Pay discount.

Outstanding Balance Policy

You will be notified of all balances unpaid by your insurance. **Our billing is paperless, all e-statements are sent monthly.**

Regardless of insurance coverage, you are responsible for all bills being paid in a timely manner. All unpaid balances are subject to a \$25 late fee after 60 days from receipt of the initial billing statement. All unpaid balances are subject to collections after 90 days from receipt of the initial billing statements. Dispute of cost-share with an insurance carrier does not exempt an account from accruing late and/or collection fees. Know and Show Solutions reserves the right at any time to suspend appointments or refer you for care elsewhere for non-payment.

Medical Records & Forms

We will release medical records with a written authorization only. There may be a charge for each request according to North Carolina statute. Medical forms that require a provider signature are subject to a **\$25.00 fee**.

After-Hours Service Fee

Should you need to contact your provider after-hours (outside of a set appointment), please be aware that this may result in additional charges, which are not covered by insurance. **These charges typically bill at \$50 per call, based on length and complexity.**

Missed Appointments

All cancellations require 24-hour advance notice. For same-day cancellations and no-shows, a **\$45 missed appointment charge up to the cost of services** will be assessed to your account. Patients will be required to pay all missed appointment fees prior to any rescheduling. We reserve the right to suspend appointments for multiple same-day cancellations or no-shows. After **3** same-day cancellations or no-shows the account will automatically be put under discharge review.

Financial Agreements

- It is my responsibility, and not the responsibility of the provider or the provider's staff, to know if my insurance company will pay for any medical service I receive.
- It is my responsibility to keep apprised of changes with my insurance carrier's Telehealth coverage. I understand that I must be in the state of North Carolina to receive Telehealth services with this provider.
- It is my responsibility for understanding my own coverage, benefits, co-payment, co-insurance, deductibles, and any pre-authorization requirements.
- It is my responsibility to know if the physician or provider I am seeing is a contracted in-network provider recognized by my insurance company or plan. If the physician or provider I am seeing is not recognized by my insurance company or plan, I understand it may result in claims being denied or higher out-of-pocket cost to me.
- It is my responsibility to know if my plan requires a referral or pre-authorization for services. I understand it may result in claims being denied or a higher co-pay/out of pocket cost.

I understand and agree to the financial policies above. I hereby authorize Know and Show Solutions and its providers to bill my insurance as given and collect payment directly from my insurance for all services provided by Know and Show Solutions. I understand and agree that I will be financially responsible for all charges for services not paid by my insurance company.

Print Name of PATIENT

Signed

Date