



TeamWork Health Patient Payment Policy

1. Payment is due at the time of service. This may include deductibles, co-payments, co-insurance, and services not covered by an insurance company.
2. Payments may be made by cash, check, money order, MasterCard, Visa, Discover, or American Express.
3. Patients without insurance may be eligible to receive a discount for payment in full on the day services are provided. You will need to speak to a Patient Account Representative.
4. A No-Show Charge will apply should you fail to keep your scheduled appointment without giving us a 24-hour or greater advanced notice of your cancellation. Three (3) consecutive appointment cancellations and/or no-shows may result in dismissal from TeamWork Health. The No-Show fees are \$75 for a new patient office visit, \$25 for an established patient office visit, and \$25-\$300 for procedure/testing appointments (including overnight sleep studies).
5. Patients may be charged a fee for the completion of forms.
6. Balances due after your insurance has paid will be reflected on billing statements sent to the patient's, or responsible party's, address. The amount due on the statement is due in full upon receipt. If you are unable to pay the amount in full it is your responsibility to call Billing to discuss making other payment arrangements or set up a payment plan.
7. Unpaid charges billed to your insurance will appear on your statement indicating they are pending a response from the insurance company. If a charge has been filed with your insurance for over 60 days without a response, please contact your insurance company. If the charge remains unpaid it may become your financial responsibility.
8. It is important to remember that health insurance coverage and plans vary, and not all charges will be covered or paid in full. If your insurance denies a service or does not pay in full, you are responsible for paying the remaining balance.
9. Services received as a result of an accident are to be paid promptly. We do not allow additional time for payment where the accident results in a lawsuit or insurance case.
10. If your health insurance plan requires a preauthorization or referral, it is your responsibility to ensure it is obtained before services are received.
11. New patient visits are coded per industry standards based on whether the patient is new to the specialty or subspecialty. Reference the following link for additional information:
<https://www.aapc.com/blog/41276-new-vs-established-patients-whos-new-to-you/>
12. Failure to pay a balance due promptly may result in one or more of the following:
 - a. Your account may be referred to a collection agency,
 - b. Your past due status may be reported to the applicable credit bureaus,
 - c. Your ability to receive services from TeamWork Health may be jeopardized.

Patient/Legal Guardian Signature: _____ **Date:** _____

*We encourage those who have questions regarding this policy document to contact us at 919-238-1110.
For questions regarding your bill, please e-mail billing@twhasg.com.*