



10208 Cerny Street - Suite 308 | Raleigh, NC 27617 | P 919-797-0550 | F 919-381-4621

FINANCIAL POLICIES: MEMBERSHIP FEE PATIENTS

Thank you for choosing Sentinel Primary Care. We ask that you review and accept our financial policies prior to provision of services.

Instructions: Please review each part of our financial policies, initial each one, and sign at the bottom of the form. Complete the form and bring it with you at the time of your visit.

_____ **A. Membership fees:** Arrangement to pay membership fees is due at the first office visit. Membership fees may be paid in a one-time sum or in twelve equally-divided monthly installments. These fees may be paid by credit card, check, cash, or by automated bank draft.

The membership year begins in the first month of membership and renews automatically at the beginning of each membership year. If your fee bracket changes during a member-year the total annual fee will be prorated according to the months in each age bracket with the charge for the birth month being the higher of the two charges.

Departure from the practice: In the event that you leave Sentinel Primary Care, we will discontinue monthly installments at the beginning of the first month following departure. If the annual fee was paid as a one-time sum, we will refund by check the prorated remaining amount less 1/12th of the annual membership fee per month or portion of a month of membership during that year. The remaining amount will be returned by check or credit card refund at the discretion of Sentinel Primary Care. Please allow 30-45 days for processing. If you leave Sentinel Primary Care and subsequently seek to rejoin the practice, Sentinel Primary Care has the discretion to require a 12-month waiting period before you rejoin the practice.

Dismissal from the practice: In the event that Sentinel Primary Care dismisses you from the practice, we will discontinue monthly installment payments at the beginning of the first month following dismissal. If the annual fee was paid as a one-time sum, we will refund by check the prorated remaining amount less 1/12th of the annual membership fee per month or portion of a month of membership during that year. Please allow 30-45 days for processing.

Any outstanding balance with Sentinel Primary Care will be due immediately upon departure or dismissal from the practice.

Hardship consideration: Sentinel Primary Care recognizes that unforeseen financial circumstances may arise that make the membership fee a significant burden. If you are unable to pay your membership fee or fall behind on payments, please discuss your situation with the Practice Manager so that we can consider arrangements for an alternate payment schedule. If no mutually agreeable remedy can be found, or if you cannot fulfill the terms of an alternate payment schedule, it may be necessary for you to withdraw from Sentinel Primary Care.

Depending on your circumstances, you may be eligible for Sentinel Primary Care's charitable care program. We will review each request on a case-by-case basis.

If you fall two months behind in payments without making arrangements with Sentinel Primary Care this will indicate your withdrawal from the practice; in this case we will provide 30 additional days of emergency care only, after which your relationship with Sentinel Primary Care will terminate.

_____ **B. Policy for Filing Insurance:** We do not participate in any insurance plans. If requested, we can provide a statement of the value of medical services received at Sentinel Primary Care.

Each time you come to our office, please bring with you a current insurance ID card and a valid government issued photo identification card (e.g. driver's license, passport). In some cases, your insurance plan may not cover the services we order or refer for, or may determine that some of the services are not medically necessary. Your insurance company's rejection of all or part of your medical insurance claim does not relieve you of your financial obligation.

_____ **C. Outside services:** Our bills for service do not include radiology services, pathology studies, outside laboratory tests, physical therapy, or any other services provided or obtained outside of the practice. If you receive any of these services, you will receive a separate bill from the facility where the services were performed.

_____ **D. Method of Payment:** Sentinel Primary Care accepts cash, checks, bank drafts, and credit cards. Please check with the practice to inquire which cards we accept, as this list may change over time. Payments may be made in person, by mail, or by phone.

FEE INFORMATION

Copying Medical Records (in North Carolina):

- \$0.25 per page
- Minimum charge: \$10.00
- Electronic Copy of Designated Record Set within Medical Records Requested Under HIPAA: \$6.50

Cancellations, Rescheduled Appointments and No-Shows: Please notify us as soon as possible if you need to cancel or reschedule your appointment. Sentinel Primary Care has a 1 business day cancellation policy. We do not charge a fee for missed appointments or short-notice cancellations, but repeated missed appointments or cancellations within 24 hours may lead to dismissal from Sentinel Primary Care.

Patient Authorization: My initials above and my signature below signify that I understand and agree to the policies above.

Patient/Guardian Signature

Date

Patient/Guardian Printed Name