



Troutman Family Medicine Financial Policy

Piedmont HealthCare, P.A. is committed to providing our patients with excellent quality medical care. In return, we respectfully request that you read and honor our Financial Policy. We thank you for understanding that observing this Credit Policy is part of creating a good patient/physician relationship.

If you are insured by a plan that specifies a co-pay when you see a physician, our receptionist will collect your co-pay at the time of your visit. We cannot bill patients for co-pays, as it violates the Contract that we have entered as providers under the health plans. Please be prepared, at each visit, to pay your co-pay. If your insurance has a deductible or co-insurance, we will collect your responsibility at the time of service.

If you are self pay, we will collect \$165 for new patients & \$110 for established patients at the time of service. If other services are rendered at the visit, these will have separate fees.

If there is a balance remaining on the account, you will receive a statement from Piedmont HealthCare. Upon receiving your statement, payment is due immediately. Any unpaid balances will be asked to pay at next appointment. Unpaid balances may result in your account being turned over to an outside collection agency. Failure to uphold your financial policy obligations may affect your ability to schedule an appointment.

Please note, for your convenience Piedmont HealthCare accepts cash, check, VISA, MasterCard, American Express and Care Credit.

If you have any questions regarding your insurance, please speak to the receptionist or call our Central Business Office at (704) 881-0214.

Patient Name: _____

Responsible Party Signature: _____ Date: _____