

Patient Financial Responsibility Policy

Thank you for trusting Tryon Medical Partners with your care. We are committed to providing every patient with the best care in the most economical way possible. Please read through our financial policy items and feel free to let our staff know if you have any questions. We feel communication is the best way to avoid any misunderstandings.

Insured Patients:

- **The following items are required during your appointment check in:**
 - Insurance card
 - Any changes to your name, address, marital status, and phone number
 - Payments for any Copayments, Co-insurances, or Deductibles are required
- You may be asked to sign an ABN form to acknowledge that your insurance company does not cover a service.
- We will bill your insurance carrier as a courtesy to you, however, financial responsibility will pass to you if the insurance carrier does not pay TMP.
- You are responsible for understanding the details of your insurance coverage. This includes preventative visit benefits, prior authorizations, and copays, coinsurances and deductibles that may be owed for any services.
- If your insurance company pays you directly due to being out of network with TMP, you agree to forward payment to: Tryon Medical Partners, PLLC Attn: Revenue Cycle Management 5960 Fairview Rd. Suite 500 Charlotte, NC 28210

Uninsured Patients or Patients with Carriers with which TMP does not participate.

- Patients with no insurance are expected to pay before services are rendered.
- TMP offers patients a 30% discount on our fees.

Patient Financial Responsibility Policy:

- Effective January 8, 2024, patients are expected to make payment arrangements for any outstanding balances. Talk to our staff about your options.
- Our staff is available to assist you in understanding your financial responsibilities and explore available payment options

Other Items Subject to Fees:

- **Medical Records**-If you wish to obtain your medical records, you may request them through Health Mark. Feel free to inquire with a staff member if you have any questions.
- **Returned Checks**-There will be a \$45 fee applied to the patient account for all returned checks. Checks will no longer be accepted for one year after 1 check is returned.

Please provide us with your Name and Date. You may be asked to provide your Social Security number upon check-in. WHY DO WE ASK FOR THIS INFORMATION? This information is used to resolve any and all issues with your insurance before we are forced to bill you for our services or report you to credit reporting agencies.

Printed Name: _____

Date: _____

Signature: _____