



Raleigh Vein and Laser Center Financial Policy

Thank you for choosing Raleigh Vein and Laser Center. As one of our patients, we want to keep you informed of our current office and financial policies. Please sign this document to indicate that you have read and understand these policies.

Insurance:

As a courtesy, we will file a claim with your insurance company for services rendered in our office. Please bring your insurance card and photo ID to your appointment as well as any other information needed to file your claim correctly.

At the time of service, you will be responsible for all fees that are not covered by your insurance plan including co-pays, co-insurance, deductibles and non-covered services or items received. We strive to be as accurate as possible in calculating your responsibility but with variations in insurance policies and fee schedules, we are not always exact. After we receive the Explanation of Benefits from your insurance company, we may send you a statement for any balance due. We accept cash, check, and credit cards (MasterCard, Visa, American Express, and Discover). Payments are also accepted by phone. Please remit payment within 30 days of the statement date. In the case of overpayment, patient refund checks are issued every two weeks.

Non-Insurance:

Payment will be due at the time of service. We gladly accept CareCredit, as well as cash, check or major credit card.

Billing:

If you receive a statement from our office, it is because we believe the balance is your responsibility. If you disagree with the payment made by your insurance company, please call the insurance company directly to discuss those concerns. Your insurance policy is an agreement between you and the insurance company, and as the subscriber, you are responsible for the terms of that agreement.

If you have a question about your bill, please do not hesitate to contact us at 919-866-0002. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please let us know so we can assist you in making a budget arrangement. Satisfactory arrangements can almost always be made. Accounts that are not paid within 90 days will be sent to our collections department.

Acknowledgement:

Please sign that you have read and understand the financial policies of Raleigh Vein and Laser Center.

Signature of Patient/Guardian _____ Date _____