

**WILSON MEDICAL ASSOCIATES, P.A.**  
**200 Glendale Dr. W**  
**Wilson, NC 27895**  
**252-399-0737**

Dear Sir/Madam:

We welcome you as a new patient to Wilson Medical Associates. Our organization is dedicated to providing high quality patient care. We are constantly striving to improve our service to our patients. All comments and suggestions are welcome.

Our office hours are Monday through Thursday 8:15 a.m. to 5:00 p.m. Phone calls are accepted during the hours of 8:30 a.m. to 4:00 p.m. Monday through Thursday. Early arrival for your appointment does **not** mean that you will be seen any earlier. Patients will be seen by appointment time and not by time of arrival.

We encourage all patients to call in advance for appointments. If this is not possible, please call before you come and the nurse will tell you what time you can be worked in. Work-ins will be seen as time allows so as not to affect those with appointments and these are done by the **nurses**.

In order to speed your registration, please complete the enclosed registration form, medical history form and this letter. Return all of these to our office on your appointment date.

### **Insurance**

Insurance coverage is a contract between you and your insurance company. You are responsible for presenting a valid insurance card at each appointment and to notify our office of any changes involving your insurance. The law requires insurance companies to pay claims within 30 days of submission. We will make every effort to work with you and your insurance company to resolve any claim issues. However, if after 60 days, your insurance company has failed to pay a claim and you have not provided accurate information or refuse to assist with insurance matters (such as questionnaires mailed to you from the insurance company), you will be responsible for payment. Payment may be made by cash,

check or credit card. If the insurance company pays after we receive payment from you, we will issue you a refund. We will file your insurance as a **COURTESY** to you. If you are here for a yearly physical examination it is **YOUR** responsibility to let the nurse and doctor know. For any questions or further explanation, please contact a patient representative in our office.

### **Co-Payments, Deductibles and Co-Insurance**

Insurance requires that a co-payment will only be honored if we are participating with that company. All other patients will be expected to pay in full at the time of service. **All co-payments must be paid prior to seeing the physician.** You may contact a patient representative to find out if we participate with your insurance company.

Most PPO/HMO insurance companies require authorization for any service not performed in our facility. An authorization is required even if your physician orders the test and makes the appointment for you. The nurse will take care of getting the authorization but it is the patient's responsibility to make sure authorization has been obtained **BEFORE** the test is done. Please know that we obtain authorizations for you but we are not responsible for any incorrect information given to us by the insurance company and are not liable for any incorrect information given to us.

### **Billing, Fees and Non-Payment**

Our office makes every effort to see patients who need medical care in a timely manner. For this reason, we expect payment at the time of service or upon receipt of a statement. Any outstanding balances that you may owe after your visit will be billed on a monthly statement.

Any returned checks may result in a \$45.00 fee. You may also be required to pay by cash or credit card on any return visits until the balance is resolved.

Patients with past due accounts may be prevented from making future non-emergency appointments until the balance is resolved. Future appointments are at the discretion of our providers on an individual basis.

Patients with accounts turned over to a collection agency will not be allowed to make future appointments until the account is paid in full and only then if the

provider agrees to take the patient back into the practice. Collection accounts may result in a negative credit rating and you will be dismissed from the practice.

All minors must be accompanied by a parent or legal guardian.

Again, welcome to Wilson Medical Associates and we look forward to serving you and assisting you with all of your healthcare needs.

**INSURANCE PAYMENT AUTHORIZATION:**

I hereby authorize payment of benefits to be made by either me or on my behalf to WILSON MEDICAL ASSOCIATES for services provided to me by WMA. I understand that there may be charges incurred by me at WMA that are considered a non-covered charge by Medicare and/or private insurance. I understand that I am financially responsible for these non-covered charges. I authorize refund of overpaid insurance benefits whereby coverage is subject to coordination of benefits. In the event of default, I agree to pay all cost of collections, including reasonable attorney fees. In Medicare un-assigned cases I am responsible for payment at the time of service. In Medicare assigned cases, the physician agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered services.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION:** I authorize any holder of medical information about me to release said medical information requested by insurance companies with whom I have coverage or any public agency and its agent to determine benefits for services provided or benefits for related services.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_