

# Pinner Clinic, PA

*A Rich History of Medical Tradition Since 1915*

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## Financial Policy

We are excited to be your Primary Healthcare Provider and thank you for putting your trust in Pinner Clinic. We are committed to the success of your medical treatment and care. Prompt payment of your charges help us keep our fees down, so please take a moment to familiarize yourself with our financial policies.

### Insurance:

We participate with many insurance plans and will bill participating insurance companies as a courtesy to you. You are expected to pay your deductible or copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance company. **If you need assistance or have questions, please contact our Billing Specialist 9:00 AM to 5: 00 PM, Monday through Friday, at 803-945-7475 ext. 103.**

### Co-Pays, Deductibles, Co-Insurances, and Payments:

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. *Please remember patient responsibility amounts are determined by your individual insurance plans, not Pinner Clinic. If you are not covered by insurance at the time of service, please be advised that you will be responsible for all charges incurred at the time of service.*

For your convenience we accept **cash, checks, MasterCard, Visa, American Express, and Discover**. There is a \$35.00 service charge for returned checks and your account will be put on a cash-only basis. Outstanding/overdue balances are due within 30 days unless prior arrangements have been made with the billing department. If your balance is over 90 days, you will receive a final demand letter for payment. At that point, your account may be put in a hold status until further arrangements are made. **If you need assistance or have questions, please contact our Payment Specialist 9:00 AM to 5: 00 PM, Monday through Friday, at 803-945-7475 ext. 120.**

### Non-Emergency Appointments:

We reserve the right to reschedule non-emergency appointments if there is an overdue balance on your account or if a co-payment is not made at the time of service.

### Family Medical Leave Forms/Short/Long Term Disability Forms:

We understand that at times, various forms or letters may be required to assist you with your health care needs. Because these forms can be time consuming, each provider reserves the right to charge a fee for affidavits, letters, or forms that we prepare for legal or employment matters. Those fees are not billable to your insurance company or employer and are due at the time of service. An office visit/appointment may also be required depending on the nature of the form and information request. Please allow 5-7 business days for completions of requested forms/letters.

## Financial Policy, Continued

### Refunds:

If you have a credit on your account, we will gladly refund the amount within thirty days of your request (and if cleared by the Billing Department), or we can apply the credit to your account. You must provide a correct mailing address where your refund is to be sent.

### Dismissal Process:

There are several reasons that a patient may be dismissed from our practice. A few reasons are as follows:

- Failure to keep scheduled appointments
- Being verbally or physically abusive to staff
- Abuse of prescription drugs and/or failure to adhere to Pinner Clinic's narcotic policy
- Failure to meet financial obligations

A certified letter will be sent to your last known address notifying you that you are being dismissed from our practice. If you have a medical emergency within thirty days of the dates of the letter, one of our providers will be available for advice. After thirty days, you will no longer be seen at our practice by any provider. A copy of your medical records may be forwarded to your new doctor after a formal request is made.

### Financial Policy Acknowledgement

*Please do not sign this form unless you have read the Financial Policy.*

**Patient Acknowledgement:** I, \_\_\_\_\_, have read, understand, and agree to Pinner Clinic, PA's Financial Policy. I agree to pay for services rendered at the time of service. I also understand that Pinner Clinic, PA reserves the right to dismiss patients that fail to keep their accounts current after reasonable attempts to collect payments have been made. I also understand the terms of this Financial Policy may be amended by the practice without prior notification to the patient or guarantor due to changes in regulations or practice operations.

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Patient/Guardian Signature

Date

You may review this Financial Policy at [www.pinnerclinic.com](http://www.pinnerclinic.com)