

Carolina Breast Care Specialists, PA

Practice Policies

_____ **HIPAA** I have been notified of my privacy rights as a patient of Carolina Breast Care Specialists and have been given the opportunity to review the HIPAA policy.

_____ **Payment** I understand that payment is due at the time that services are rendered. This includes copays and past due balances. At this time, only cash and checks are accepted for payment.

If I do not have medical insurance, I will be required to pay all initial consultation charges upfront. If I should need additional services or procedures, I will need to make acceptable payment arrangements prior to the service date.

_____ **No Show / Late Cancellation** I agree to give at least 36 hours advance notice if I am unable to keep a scheduled appointment. I have also been made aware that I will be charged a late cancellation fee of \$50 if I do not give the required notice or if I fail to show up.

Due to specific scheduling and staffing requirements for a stereotactic biopsy procedure, I understand that any cancellation or rescheduling <72 hours in advance will incur a \$600 fee.

Should I be schedule for a surgical procedure at the hospital, I understand that any rescheduling or cancellation within one week of the scheduled date will incur a \$250 fee.

_____ **Medical Records** All requests made for records must be made in writing with at least 72 hours notice. As a courtesy, I am allowed one paper copy of my medical records free of charge. For each additional request there will be a fee of \$10 for the first 10 pages and .25 cents per page thereafter. There is no fee charged for records that can be faxed to me or other medical providers.

Signed _____

Date _____