

Financial Policy

As a result of our sincere desire to base all medical decisions on what is best for the patient, not what is best for the insurance company, we are not contracted with any insurance carriers.

1. All charges must be paid at the time of service and our treatment fees are the same for all patients, regardless of whether they have insurance coverage.

2. The contract with your insurance company to pay for a portion of your medical care is between you and your insurance company. By eliminating costs associated with billing, coding diagnoses and procedures, referrals, authorizations, payment delays, EOB reviews, claim denials, re-submissions, collection risks, and other managed care costs, we can provide patients a fair price for services without the administrative hassles and bureaucracy.

3. It is your responsibility to obtain all referrals/authorizations required by your insurance plan and to file your claim with your referral/authorization.

4. You will be given a completed claim form (and a duplicate copy for your records) with all the codes necessary for you to file a claim with your insurance carrier. We recommend you contact your insurance carrier and request instructions for filing your claims.

5. Our office does not fill out "forms" from insurance companies. A copy of the patient's medical records will be forwarded to the insurance company when a signed authorization to release medical records is received. Their medical review professionals can extract the information required from these records.

6. Medicare: Dr. Drossman has chosen to "Opt Out" of Medicare. All patients who are on Medicare, or are eligible for Medicare, must sign the federally mandated "Private Contract" in order to receive services at our clinic. All services must be paid at the time of service. Neither Dr. Drossman nor the patient may file a claim to Medicare for reimbursement.

7. Medicaid: We are not accepting any Medicaid patients. We will only accept "Private Pay" patients. We will not file any claims to Medicaid for reimbursement of your medical services now or at any time in the future.

8. Champus/Tricare: We are not an active Champus/Tricare/Tricare for Life provider. We will not accept Champus/Tricare/Tricare for Life insurance, we will not file any claims to Champus/Tricare/Tricare for Life and we will not accept the Champus/Tricare/Tricare for Life fee schedule for reimbursement of our services.

9. We will not file any claims for insurance benefits/reimbursement and we will not provide any discounts/write-offs for insurance or workers compensation plans.

By signing this document, you are agreeing to pay for our services in full and forego any insurance benefits/discounts.

I have read, understand and agree to the terms and conditions listed above.

Signature of Patient or Parent if Patient is a Minor

Date

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