

****FINANCIAL POLICIES****

- 1. Payment is expected at the time of service. (This includes co-pays and insurance deductibles). Any outstanding financial balances will be asked for at check out.**
- 2. If you are unable to keep your appointment, it is important that you notify us prior to your appointment. You may be charged a \$50 no call/no show fee if you fail to notify us.**
- 3. Some insurance require that your labs be performed in a different location other than your doctor's office, If you choose to have the test performed at your physicians office, you will be expected to pay the necessary fee for this service. Your insurance cannot be billed in those instances.**
- 4. Similarly, if your insurance does not authorize a procedure or test and you choose to have the procedure or test done anyway, you will need to pay for the service upfront. Your insurance cannot be billed in those instances.**
- 5. A fee of \$5.00 per page is charged for filling out forms for disability, job, prior authorization for prescriptions not covered by your insurance carrier, or other clinical purposes and is payable at the time of service. A STATEMENT CHARGE OF \$5.00 WILL BE ASSESSED TO BILL AND COLLECT THESE CHARGES IF PAYMENT IS NOT MADE AT THE TIME OF THE VISIT.**
- 6. For a printed copy of medical records a flat fee of 25/- is charged and for an electronic copy of your records a flat fee of 15/- dollars is charged.**

*****FINANCIAL AGREEMENT*****

As a courtesy to our patients, we are happy to file insurance forms and will accept assignment of insurance benefits.

After 90 days, if no payments have been received and no extended payment plans have been made, necessary collection proceedings will begin.

I UNDERSTAND, FULLY ACCEPT, AND ACKNOWLEDGE THE RESPONSIBILITY FOR PAYMENT OF ALL FEES.

SIGNATURE

DATE

Rahul K. Kakkar, MD, FCCP, FAASM
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