



UNC Physicians Network (UNCPN) is a preferred provider in many managed care and health insurance plans. Please make sure we are on your insurance company's list of participating doctors. If we are not, you may be financially responsible for your bill. If our doctors are not on your list of participating physicians, it is still possible to access our services; however you will need to get proper approval from your health plan.

What is a co-payment?

A co-payment, or co-pay, is a set fee the patient pays to providers at the time services are provided. Co-pays are applied to emergency room visits, hospital admissions and office visits. The patient should be aware of the co-pay amounts prior to services being rendered.

What is a deductible?

A deductible is a specified amount of money that the insured patient must pay before the insurance company will pay a claim. For example, if a member's policy contains a \$500 deductible, the member must accumulate and pay \$500 out of pocket before the insurance company will pay benefits. Once the patient has met their deductible, the insurance company usually pays a percentage of the bill. The patient is liable for the unpaid percentage. Deductibles are annual, usually starting in January.

What is co-insurance?

Co-insurance is a form of cost sharing. After your deductible has been met, the plan will begin paying a percentage of your bills. The remaining amount, known as co-insurance, is the portion due by the patient.

Is my insurance in network?

Please contact your insurance company to verify your coverage and/or benefits. Click here to learn more about insurance plans that include UNCPN.

What if my insurance doesn't consider UNCPN as a preferred provider?

If your insurance does not include UNCPN as a preferred provider, you may be billed for non-covered charges or be responsible for reduced benefits. Please contact your insurance company to verify your coverage and/or benefits.

What if my insurance company does not authorize or cover services?

The patient is responsible for charges your insurance company does not authorize or cover. UNCPN recommends that you talk with your provider about whether to receive a service and check with your insurance company about coverage.

Why aren't all services covered by my insurance company?

Under any plan, there may be services that are not covered because the insurance company may consider them routine or unnecessary. If you disagree with the decision, you should contact your insurance company for more information.

Will UNCPN contact my insurance for pre-certification or authorization?

No. It is recommended that you contact your insurance company directly if you have any questions or concerns about pre-certification or pre-authorization.





What should I bring when I come for my appointment?

Always bring your current health insurance card and ID to UNCPN appointments.

What should I do if my insurance sends payment directly to me?

Insurance payments for claims sent directly to you should be used to pay outstanding charges to UNCPN. Patients are financially responsible for all outstanding charges. You may choose to deposit the insurance check and send payment to UNCPN or pay your bill online, or forward the insurance check as soon as possible. If you chose to send UNCPN the insurance check, you must endorse the check to UNCPN.

Why do I still owe a balance if my insurance company has been paid?

Based on your insurance plan, you may be responsible for deductibles, co-pays and co-insurance for fees not covered by your insurance company. You should contact your insurance company if you have any questions about your coverage.

Why did my insurance only pay part of my bill?

Most insurance plans require you to pay a deductible and/or co-insurance. In addition, you could be responsible for non-covered services. Please contact your insurance company for specific answers to your questions.

What is the difference between an HMO and PPO?

HMO stands for health maintenance organization. An HMO is a group that contracts with medical facilities, physicians, employers and occasionally individual patients to provide medical care to a group of individuals.

PPO stands for preferred provider organization. As a rule, you must select a primary care physician (PCP) who is under contract with the PPO. If you choose a doctor not under contract, you may pay more for services. Like an HMO, you usually pay a co-pay each time you visit your PCP or health care facility. Unlike an HMO, if you choose to see a doctor who is not contracted with the PPO, the plan might pay a percentage of the medical bills (out-of-network benefits). However, your cost will be higher than if you choose a provider that is in the plan's network.

What does usual and customary mean? How does this work?

Usual and customary fees are set up so that non-contracted providers are reimbursed at a rate comparable to other HMO reimbursements in the same geographical area. The patient may be responsible for charges that exceed the usual and customary rate.

If I have an HMO policy, can I be billed if the HMO does not pay?

If you have an HMO policy, you should only be billed for the amount specified on your Explanation of Benefits (EOB) that is provided to you by your insurance company. This usually includes co-pay amounts.

If I receive services because of an accident at work, will you send the claim to my employer?

Due to confidentiality, we are unable to send bills directly to your employer. However, we will send claims directly to your employer's workers compensation company. We will need the name, address and claim number. You may take your bill to your employer and work directly with them.





When can I expect to receive a bill? Why was I sent a statement when my insurance company is supposed to pay my bill?

For patients with health insurance, once your insurance company has been billed and paid, you will be billed if your account has a remaining balance. Payment is due in 30 days. If your insurance company does not pay within 90 days, you may receive a statement showing that your insurance company has not paid your claim. As the patient, you are ultimately responsible to make sure your bill is paid. If you receive a statement showing that your insurance company has not paid, you should contact your insurance company.

Where can I pay my bill?

We offer convenient online billing through our secure patient portal, My UNC Chart. Sign up and pay your hospital and physician bills when it's convenient for you. You can view your statements, account details and manage your account online. You have the option to choose paperless billing.

You can also pay your bill by phone or mail. You will receive statements each billing cycle, one for hospital charges and one for physician charges. Follow the instructions on the statement to pay your bill. All written correspondence, including checks indicating payment in full, must be mailed to UNC Health Care, P.O. Box 602948, Charlotte, NC 28260-2048. If mailing a payment, please detach the payment coupon from your statement and mail it back in the return envelope. An account number must accompany all payments to ensure the payment is correctly applied.

What financial assistance is available if I have difficulty paying my bill?

Our policy is to provide medically necessary health care to the citizens of North Carolina, regardless of their ability to pay.

If you do not have insurance, or are concerned about paying for your medical bill, please call our Financial Assistance Unit Monday through Thursday, 8 am to 4:30 pm and Friday, 8 am to 1 pm at 984-974-3425. We may be able to help you and all of our services are confidential.

Billing questions or disputes

Our dedicated Customer Services Representatives are available to handle all of your questions Monday-Friday, 8 am – 5 pm at 800-594-8624 (toll-free) or locally at (984) 974-2222. For confidentiality purposes, you will need your account number and other patient identifying information before we can discuss your account.