

HEART & VASCULAR CLINIC

Our Financial Policy

Thank you for choosing us as your health care provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our information and insurance forms before seeing the doctor.

- PAYMENT IS DUE AT TIME SERVICES ARE PROVIDED.
- WE ACCEPT CASH OR CHECKS.
- WE ACCEPT VISA, MASTERCARD AND DISCOVER.
- IN SPECIAL CIRCUMSTANCES WE CAN OFFER AN EXTENDED PAYMENT PLAN.

REGARDING INSURANCE

We accept assignment of insurance benefits and file claims on your behalf. However we do require any deductibles and/or co-payments to be paid at time services are provided. We cannot bill your insurance company unless you give us your current insurance information. Your insurance policy is a contract between you and your insurance company. We are not party to that contract. If your insurance company has not paid your account in full within 90 (ninety) days, you will be billed. It is then your responsibility to contact your insurance company regarding the status of your claims. In some circumstances we may be able to make arrangements for you to pay the balance at a rate that is convenient for you. Please be aware that some of the services provided may be non-covered services, not considered appropriate or necessary under the terms of your policy.

We participate in most insurance plans and are considered to "in-network" providers. In the event you change insurance plans and we do not participate you will be responsible for payment under the "out-of-network" provisions of your policy. In all cases deductibles and co-payments are due at the time services are rendered.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. In most cases our fees are limited by contracts and we routinely make adjustments and accept a lower amount than what is actually billed.

UNKEPT APPOINTMENTS

Keeping scheduled appointments is very important to your treatment and helping us provide timely care. If for any reason you cannot keep a scheduled appointment please provide us at least 24 hours notice. This notice will allow us to schedule another patient in your place and valuable clinic time will not be lost. If the required notice is not received you will be charged a \$ 50.00 missed appointment fee.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

*I have read the Financial Policy. I understand and agree to this Financial Policy. I hereby certify that the information given is correct and that I seek medical treatment from the **Heart & Vascular Clinic**. I hereby authorize treatment as deemed appropriate and necessary by the physician.*

X _____ Date _____
Signature of Patient or Responsible Party

X _____ Date _____
Signature of Co-Responsible Party