

## PATIENT FINANCIAL POLICY

The following information provides you, our patients, with a better understanding of our financial policies. If you have any questions about any of our Practice policies, please let us know and we'll assist you immediately.

1. **PATIENT'S RESPONSIBILITY:**
  - A. Be familiar with your insurance coverage, benefits and rules
  - B. Notify our office of any insurance changes prior to the time of your visit
  - C. Bring your insurance card(s) with you to each visit
  - D. Obtain a referral from your primary care physician's office (if your policy requires one). If we don't have the required referral, you may be responsible for full fee payment at the time of the visit
2. We have made arrangements with many insurers and health plans to accept assignment of benefits. We will bill those plans with whom we have an agreement. If your plan has a co-payment or deductible, we will collect these at the time of check-in/out. As a courtesy we will file your primary insurance claim. If the insurance company does not pay Cardiology Consultants PC within 90 days, you could be held responsible for payment in full.
3. **Patients are responsible for payment of deductibles, co-insurance, non-covered or elective services at the time the service is performed.**
4. Old patient balances are to be paid as quickly as possible. If these balances cannot be paid in full - Cardiology Consultants has an automatic monthly direct payment or Budget Payment Plan set up that can include either automatic monthly payments via a Bank ACH or automatic monthly credit card payment until the balance is paid in full.
5. **Additional charges that could occur from Cardiology Consultants include the following:**
  - A. Charges for checks returned for insufficient funds (\$10.00)
  - B. Fees charged to patients for Missed Appointments or No Shows (\$50.00 for a new patient visit and \$40.00 for an established patient visit) if you don't contact us by the morning of your scheduled appointment. The charge will be \$50.00 for a venous ablation patient that no shows and doesn't contact our office within 48 hours of the scheduled appointment. No show Fees for tests in the Nuclear & Echo Department will be \$50.00 if you don't contact our office within 48 hours of the scheduled appointment.
  - C. Copying & Distribution of Medical Records & Completion of Medical Record Forms (You may ask for an attached listing of the medical record forms that we have fees for prior to the form being completed).
  - D. Any other costs associated with the collection of patient balances (Attorney Fees, etc)
6. Self-pay patients will be responsible for payment at the time of service, unless a payment plan is setup with the practice at the time of the visit. Payment Plans to be set up prior to patient's physician visit. New self-pay patients, on their first visit, should bring a minimum of \$300.00 (\$100.00 for the office visit and \$200 for any testing ordered). For new patients with nuclear testing – should bring \$400.00 to cover the office visit and the nuclear testing.
7. Patient payments may be made by cash, check, and all major credit and debit cards. Applicable payments can also be made via automatic monthly payment plans via credit card processes or bank ACH processes. You may also make payments via the phone, from our website, patient portal ([www.mycvmd.com](http://www.mycvmd.com)).
8. As a new patient you have already signed our insurance authorization statement that indicates you have authorized all payments direct to Cardiology Consultants, PC and that you understand it is your responsibility to provide correct insurance information to Cardiology Consultants, PC, and that you understand that your insurance may not pay the claim submitted by our office and that some of the services may be considered "noncovered" by your insurance contract. You understand that you will be completely responsible for the balance of your account.