CARDIOVASCULAR CONSULTANTS, LTD

Patient Payment Policy

Patient Name: _____ DOB: _____ ACCT#: _____

Patient Financial Responsibility Policy Statement:
CVC, LTD., is pleased to provide you, our patient, with the highest level of care for your health and quality of life. We strive to employ the most professional staff and deliver services to you with the latest technology and education available each day. You and CVC, together, will combine our energies to bring positive results to your healthcare needs.

CVC in its continuous efforts to deliver the best in care requires payment of all known patient responsible balances at time of service. These balances may include but are not limited to co-pays, deductibles or co-insurance (amounts as stated in the benefits coverage contract with your insurance carrier); any amounts due for patients who are "self-pay"; any amounts due from previous dates of service, or amounts that may be incurred during your current visit.

We understand that circumstances may preclude you from paying amounts due at time of service. Non-payment of amounts due may result in your scheduled appointment being re-scheduled to a later time when you have funds available and/or the addition of administrative fees of fifteen dollars ($15.00) to your amount due if you are seen and are unable to pay. We regret that these fees are added but are necessary to help defray the costs of administrative time and staffing.

We appreciate your understanding and cooperation to ensure that CVC is able to continue its provision of the highest level of services to all in need of our staff and facilities.

Payment Policy:
Payment is expected at time of service for any applicable co-pay, co-insurance, and/or deductible. CVC accepts cash, checks, Visa, MasterCard, or American Express as forms of payment for your convenience. If your check is returned to CVC for insufficient funds, a thirty-five dollar ($35.00) returned check fee will be applied to your outstanding balance. Failure to pay at time of service may result in re-scheduling of your appointment until funds are available to cover the service and an additional fifteen dollars ($15.00) for administrative fees to cover processing of your non-payment and billing.

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(Initials)

Insurance Policy:
We will require a digital scan of your insurance card and driver's license at the time of your arrival. CVC will bill your insurance company as a courtesy to you, but this billing service does not preclude your financial responsibility for the services received. Any deductible, co-insurance or non-covered services, including ineligibility are your responsibility.

If CVC is not contracted with your insurance provider, CVC, as a courtesy, will submit claims to your carrier; any deductible, co-insurance or non-covered services, including ineligibility are your responsibility.

CVC will mail monthly statements and contact you to collect any open balances.

Please inform our staff immediately of any insurance changes.

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(Initials)

Non-Covered Service Policy:
Certain services performed by our office, for your benefit, are NOT COVERED by your insurance plan(s). CVC suggests you contact your insurance carrier to verify your benefits and understand any non-covered services as these will be your financial responsibility. Payment will be required prior to your appointment. Medicare requires a signature on an Advanced Beneficiary Notice [ABN] for non-covered services. The ABN will be provided to you upon your arrival for services.

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(Initials)

Delinquent Accounts Policy:
Delinquent accounts will be reported to a collection agency following CVC's normal collection procedures to resolve any outstanding balances. If an account is reported to a collection agency, a collection fee of 35% will be added to any outstanding balance. Please inform our billing staff if you know your payment will be late in arriving or if you require payment arrangements. Any request for payment arrangements must be accompanied by a personal financial statement and IRS Tax Returns for the two most recent years.

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(Initials)

Late Arrivals:
In order for our physicians to see their patients in a timely manner, your help in arriving promptly for your appointment is required. If you are more than 10 minutes late, our office will reschedule your appointment to a new date and time. Tardiness affects your patient care as well as those patients that have a scheduled time after you.

We understand your time is valuable and will do our best to respect your time and see you as promptly as possible. Please be aware that sometimes certain situations and emergencies can occur and cause your provider to run late. Please be patient in these circumstances.

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(Initials)

Medical Records:
Should you request a copy of your medical records, please allow our office 7-10 business days for completion. The charge for this service is ten cents ($0.10) per page.

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(Initials)

Forms Policy:
Should you request our office to complete forms on your behalf for disability, work status, FMLA, etc., there will be a charge of twenty-five Dollar ($25.00) per form. Payment of this charge is expected at time of completion.

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(Initials)

Appointment Cancellations/No Shows/Reschedules:
There is a twenty-five dollar ($25.00) charge for established patients and seventy-five dollar ($75.00) charge for New Patients, EMG's and procedures who cancel, reschedule or no show for an appointment without giving 48 hours notice. There is also a two-hundred dollar ($200.00) fee on the nuclear stress test if not cancelled within 48 hours. These appointment times could have been given to another patient who needs medical care. We understand unusual circumstances may arise, please contact our office as soon as possible.

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(Initials)

Returned Checks:
Our office charges a thirty-five dollar ($35.00) fee for all account closed, stop payment or non-sufficient funds returned checks.

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(Initials)

Referrals & Authorizations:
If a referral is required by your insurance carrier you will be asked to obtain the referral prior to your appointment. If no referral exists on file or your referral has not been received, your appointment may be cancelled. Our office will obtain authorization for your procedure prior to scheduling your appointment. We suggest you contact your insurance carrier to verify your coverage, benefits and preauthorization requirements prior to having any procedures performed. Claims are paid based on medical necessity. Please be aware authorizations and referrals are not a guarantee of payment by your insurance carrier and remain your responsibility.

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(Initials)

Workman's Compensation:
CVC will require you to inform us of any changes regarding your worker's compensation claim. The following information is required: adjustor's name, claim status (litigation, supportive care, claim closed, or new injury), DOI, carrier, claim number and claims address. Please have this information available prior to your appointment time.

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(Initials)

_____ Date _____
(Patient/Guarantor Printed Name)

_____ Date _____
(Patient/Guarantor Signature)

Reviewed by:_____ Date _____
(Staff Member Initials)