

FINANCIAL POLICIES

We are committed to providing the best medical care. We also want to help you receive your maximum allowable benefits if you have medical insurance. In order to do so, we need your partnership and your clear *understanding of our financial policies*. Therefore, we ask that you read and understand the following:

1. Your insurance is a unique contract between you, your employer, and your insurance company. ***Not all services are covered by all insurance plans*** (for example, a routine physical exam is not covered under Medicare or some PPO plans.) This is not to be confused with the physician's determination of which services are medically necessary or appropriate.
2. Our staff cannot possibly know all the details of your policy. It is in your best interest to know and understand your benefits, deductible, co-payments, etc. ***before*** you seek services. If you have questions as to what is covered by your insurance, call the insurance company directly. We recommend that you record the name of the person with whom you speak, the date, and the phone number called; this provides important documentation if your claim is later denied, or if services are not covered as represented to you. When reviewing your written policy, be sure to review the "Exclusions" page, as services which appear to be covered in the body of the policy may be excluded there.
3. Our physicians have a **medical care relationship with you**, separate from any contractual agreements with insurance companies. Because you are the recipient of services, all charges are your responsibility from the date the services are provided. **We cannot legally bill your insurance for services without your permission and cooperation. You are responsible for charges not covered by your insurance, and payment must be made as soon as responsibility is determined.**
4. If you have coverage through a plan in which we participate, we will collect your co-payment, if any, at the time of service. We will bill your insurance for services only if you have supplied us with current, complete, and verifiable information. Cardiology Consultants of Atlanta, policy is to have patients bring your current insurance card to every appointment. We also request that you send us a copy of any new card you receive for new or continuing insurance.
5. Co-payments and payments toward your deductible must be paid at the time of service.
6. The balance remaining after the insurance portion is paid or denied is due within 30 days. If you disagree with the insurance determined benefit, you must contact your insurance directly.
7. If your coverage is not verifiable at the time of your visit, **we will require your full payment for care at that time**. In this case, we will provide you with a detailed receipt that you may submit to your insurance for reimbursement.
8. ***If you do not have insurance, or have insurance with which we are not contracted, payment must be made when you arrive for your appointment.***
9. Returned checks will be subject to an additional \$25 fee.

(continued) Cardiology Consultants of Atlanta

(FINANCIAL POLICIES FORM continued)

10. We will gladly discuss your estimated medical care costs; however, your provider determines actual costs at the time services are provided.

11. We realize that temporary financial problems may affect timely payment of your account. If such problems occur, contact our billing staff promptly to make arrangements.

SPECIAL SERVICES

Missed Appointment Fee for Office and Hospital Based Diagnostic Tests

We set aside valuable lab equipment, technician, and physician time when scheduling noninvasive tests. Too often, an appointment is not kept, or is cancelled with too little notice to schedule the lab time with another patient. Therefore, our policy now requires \$150 payment for any office or hospital based diagnostic test that are not kept, or cancelled or rescheduled with less than 24 hours notice (only business days included). All hospital procedure appointment that is cancelled or reschedule with less than 24 hours notice (only business days included) will also incur a \$150 fee.

Medical Records

A nominal fee must also be charged to cover our costs when we send a copy of your records to you (\$25) or third party other than another physician (\$50).

UNDERSTANDING AND AGREEMENT

I understand and accept that, regardless of my insurance status, I am responsible for prompt payment of all charges for medical care and other services provided by the Cardiology Consultants of Atlanta. I have read the financial policy and completed the "Patient Information" form. I certify that this information is true and correct, to the best of my knowledge, and will notify you of any changes.

This is my direct assignment of payment as defined in the rights and benefits of my insurance policy, where I assign and instruct direct payment to Cardiology Consultants of Atlanta, or to an individual physician member, the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges of the professional medical care provided to me. The payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional charges over and above insurance payment, as due. A photocopy of this assignment shall be considered as effective and valid as the original. I authorize release of any information required of my insurance to process a specific claim.

_____ Patient/Claimant Signature Date

_____ Parent, if patient is a minor Date