



### **FINANCIAL POLICY**

Thank you for choosing Heart One Associates. We are committed to providing our patients with the highest quality medical care. This financial policy is an important part of your health care. Due to increased insurance company demands, we ask you to read and agree to the following:

We make every attempt to accept a wide range of insurance plans. For the patients convenience we file medical claims with insurance plans with which we have an agreement, as long as the valid insurance information is provided to us. However, all policies have different benefits, and we cannot know the specific details of each individual policy. **It is the patient's responsibility to know their individual policy and to verify all benefits and coverage information prior to having any services rendered. Also the patient is responsible for notifying us of any changes to his or her insurance plan or policy prior to his or her visit.**

**Co-pays and Deductibles:** Insurance policies are an agreement between the patient and his or her insurance company. Contracting with health insurance companies requires us to collect co-pays and deductibles. The patient must pay this amount prior to seeing any of our healthcare providers

**Additional Fees:** If the patient does not have medical insurance or if Heart One Associates is not a contracting provider with his or her insurance carrier, all chargers incurred during treatment will be due and payable at time of service. A \$25.00 charge will be applied to all checks returned.

If a patient is unable to keep a scheduled appointment, we must be notified 48 hours in advance. Appointments cancelled after the time frame may be subject to a cancellation fee. Additionally a missed appointment for a Nuclear Stress test will be a \$200.00 charge and will be discussed at the time of scheduling.

Any medical records request sent to someone other than a physician will be subject to a fee.

**Timely payment:** If for any reason the patient incurs an account balance, we will mail a statement. Payment is due from the patient upon receipt of the first statement from our office. If the balance is not paid in full, Heart One Assoc reserves the right to send the patients account to collections and an additional 33% collection fee will be added. Please be aware that any delinquent account balance may prohibit the patient from scheduling future appointments.

**Financial Hardship:** Our Mission of providing twenty-first century cardiovascular science and technology with timeless compassion and care prompts us to provide care to our patients regardless of their ability to pay. This means that we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between our financial counselor and the patient. The patient will be asked to provide documentation and a full explanation of extenuating circumstances regarding their hardship. Extenuating and/or special circumstances will not include patients that have over extended themselves financially. A patient who has the ability to pay and has not been formally determined to be in a financial hardship is expected to pay at the time of service and maintain no outstanding balance.

I have read and understand the Heart One Associates financial policy. I authorize Heart One Associates to obtain and/or release medical information necessary for filing insurance claims on my behalf and for the purposes of healthcare management. I assign all benefits to which the patient or insured is entitled for my treatment and medical services provided to me to be paid directly to Heart One Associates. Should insurance payment be made directly to the insured, I agree to immediately pay these funds to Heart One Associates.

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Patient Name (Please print)

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Signature

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Date