

Cardiovascular Specialists of Frederick, LLC

FINANCIAL POLICY

At Cardiovascular Specialists of Frederick, we believe that all patients who come to this office deserve the best medical care and personal experience that can be provided. We are a private, medical practice. We rely entirely on our patients and their insurance to provide operating funds. In order to provide you with the best care at the lowest cost possible, we provide you with this agreement to acquaint you with our financial policies.

We are pleased to discuss with you any questions or concerns you have regarding this policy or a bill you may have received from our office.

Things to bring with you to every appointment:

- Driver License or other government-issued photo ID- this includes passports, alien registration cards, green cards, driver permits, and state identification cards.
- Health Insurance Card (or other Proof of Insurance such as Auto or Workers' Compensation Documentation)
- Referral Form, if required.
- Method of payment (Cash, Check, Money Order, Visa, Mastercard, Discover, American Express)

Insurance and Claim Submission

- **It is your responsibility to understand what services your insurance does and does not cover.** Due to the wide variety of insurance plans, even within one insurer, it is impossible for us to know what your insurance will or will not cover. Please remember that your insurance is a contract between you and your insurer. Although we file claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays. You will be responsible for any balances dictated by your insurance (such as but not limited to copays, deductibles, coinsurance, pre-existing condition limitations), any balances for non-covered services, balances related to failure to respond to insurance inquiries, and balances normally subject to secondary insurance which our practice does not currently accept. Failure on our part to collect co-payments and deductibles from patients can be considered fraud! Please contact your insurer with any questions concerning non-covered services or any other non-payments.
- It is your responsibility to obtain all necessary referrals **IN ADVANCE** of being seen at our practice. Failure to do so may result in higher patient responsibility for any services rendered.
- If you have multiple insurance coverages, it is your responsibility to know and to inform your respective insurance companies as to which insurance plan is primary and which is secondary. We will bill you for your insurance as you inform us. We do not know which insurance is primary and which is secondary. If your insurance rejects your claim due to "coordination of benefits", you will be responsible for any balances until the issue is resolved. If your balance exceeds 90 days, your account may be transferred to a collection agency.
- If correct information is not submitted within a timely manner, outstanding balances will become patient responsibility. Please be advised that if claims are not submitted to the correct insurers in a timely manner, your insurer has the right to deny your claim.
- If there is a balance remaining after your insurance pays, you have 30 days to make payment on the invoice. After 30 days, your account is considered "past due". Payment arrangements can be made, and it is your responsibility to contact our billing office to make these arrangements. If one payment is missed, the arrangement will be considered null and void, and all balances will be due in full.
- Statements will be mailed to the address on file notifying you of outstanding balances. If this information has not been updated with us, we are not responsible for unreceived statements. Attempts to obtain correct addresses are made for all returned statements. You are still responsible for balances in a timely manner regardless of receipt of statement. After several statements have been mailed, your account will be sent to a collection agency.

Copays and Other Fees

- Copays are due at the time of service. By signing this policy, you agree to pay any copays required by your insurance at the time of service. If the copay is not paid at time of service, there will be a \$30.00 charge for non-payment at Time of Service.
- Returned check fee is \$40.00. You will be responsible for outstanding balances due to returned checks. Repeated occurrences of returned checks may result in prohibiting you from using checks as a payment method with our practice in the future.
- Medical records fees are \$.50 per page.
- Completion of FMLA (Family and Medical Leave Act) or Disability Forms the fee will be based on the number of pages. 1-3 pages- \$40.00 ≥ 4 pages- \$100.00

Self-Pay

- Self-Pay discounts are available to those without insurance coverage. You will be given a "Good Faith Estimate" of the expected/possible

charges. Please be prepared to pay in full at the time of the visit.

Collection Proceedings

- Accounts that are 120 days past due will be submitted to our collection agency, Commercial Acceptance Company.
- Accounts submitted to the collection agency will incur a fee of 20% of the total balance of your account.
- Payment on balances submitted to the collection agency may be made to our practice or to CAC

Appointments

- Please arrive for your scheduled appointment 15 minutes early.
- Please inform the receptionist upon arrival of any demographic changes, such as phone number, address, and/or insurance information. Failure to notify us of changes in demographic information or insurance coverage may result in higher patient responsibility for any services rendered.
- The timely completion of diagnostics cardiac tests is very important in determining your optimal plan of care. Please make every effort to keep your scheduled appointments. If unable to do so, we require 24- business hours' notice the day before your appointment, by 2:00 pm, so that we may be able to schedule another patient who is waiting for an appointment. **Failure to notify us will result in an assessment of a missed appointment fee as outlined below & Failure to follow instructions for testing will also result in the additional fees listed below:**

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| • Pet Cardiac Stress - \$300.00 charge | Sestamibi Cardiac Stress -\$200 charge |
| • Arterial Duplex Complete - \$200 | Echocardiogram - \$100 charge |
| • Stress Echocardiogram -\$150 charge | Carotid, Aorta Duplex, Arterial, Venous - \$100 charge |
| • Treadmill Stress - \$100 charge | Holter Monitor - \$100 charge |
| • Sleep Study - \$100 charge | Office Visit - \$50 charge |

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. Welcome to Cardiovascular Specialists of Frederick, LLC.

Signature: _____ **(SEAL)Date:** _____

Printed Name: _____ **Date of Birth:** _____