

PATIENT FINANCIAL POLICY

Thank you for choosing **The Heart Center for Excellence** for your health care needs. We are committed to providing the highest quality of care available with courteous and sympathetic treatment. This financial policy is provided to clarify your financial obligations when seeking medical treatment in our office. Please direct any questions about this policy to our Patient Accounts Manager at 269-381-3963, ext. 271.

How may I pay?

We accept cash, check, money order, MasterCard, Visa, Discover, American Express and Debit cards.

When do I pay?

Payment is required at the time of service. As a courtesy, our office will submit an insurance claim with any supporting documentation on the patient's behalf. Any amounts not paid by insurance are the responsibility of the patient.

How much do I pay?

How much you pay at the time of service depends on your insurance plan. If The Heart Center for Excellence does not have a contract with your insurance company then you are required to pay in full at the time of service. If you are unable to pay in full at the time of service and previous arrangements have been made with us, we will bill you for services rendered and payment in full will be required within thirty (30) days of the invoice date.

All Co-pays, deductibles and co-insurances are required to be paid at the time of your appointment. We will collect these before you see the physician. If you are unprepared to pay these charges, you will need to reschedule your appointment.

At the time of your appointment if there is any prior balance due on your account, you will be required to pay this balance in full prior to being seen.

No Show Appointments

We require a 24-hour notice to cancel and/or reschedule appointments. A \$50.00 fee will be billed for missed appointments and for appointments not cancelled at least 24 hours in advance.

Prescription Refills / Chart Copy Requests

We may charge a \$10.00 prescription fee for each refill not done at the time of your appointment. We will charge a fee of \$15.00 for copies of patient charts

Fees and services

All services provided in our office (except for appointment cancellation fees, prescription refill fees and chart copying charges) will be billed to your insurance company based on CPT coding guidelines and contractual obligations with participating health plans. We establish fees based on reasonable and customary fees in our geographical area. We reserve the right to adjust fees at any time. **Our physicians will not change the coding of a service so insurance will pay. This is considered insurance fraud.**

Account Servicing

We may use the service of an account receivable management company to service your account. I hereby authorize the Heart Center for excellence to release my medical records to any entity providing collection services on behalf of the Heart Center for excellence. **I have read this patient financial policy and understand that I am responsible for any balance not covered by my insurance carrier and costs associated with collecting my unpaid account balance, including attorney fees.**

Patient Name/Responsible Party

Signature /Date