



ASSOCIATES IN CARDIOLOGY, P.A.

Financial Policy

Welcome to Associates in Cardiology. Our mission is to provide you with the highest level of cardiac care with the highest degree of patient satisfaction. To avoid any misunderstandings, it is important that you understand your financial responsibilities with respect to your care. We will require that you sign a financial authorization verifying that you have received a copy of our policy and agree to your financial commitment.

Patient Responsibility

Patients or their legal representative are ultimately responsible for all charges for services provided. We expect your payment at the time of your visit for all charges owed for that visit as well as any prior balance.

Types of Payments

1. **Co-payments.** Insurance carriers require that we collect your co-payment at the time of the visit. If you are not prepared to make your co-payment, you will be required to reschedule your appointment. Co-pays are collected prior to the visit at the time of check in.
2. **Deductibles.** Most insurance plans require you to pay a predetermined amount (the “deductible”) before insurance will cover certain charges. If you have not met your deductible prior to your visit, we will expect payment for the deductible at the time of your visit.
3. **Co-Insurance.** Some insurance plans require that you pay a certain percentage (for example 20%) of the allowable charge amount. We will expect payment for this co-insurance within 30 days after receiving your first statement.
4. **Uninsured Patients/Self-Pay.** If you do not have insurance or if the services provided are not covered by your insurance, payment for all services is due at the time of your visit. Payment is expected prior to the service being provided. The charge will vary depending on the particular service provided. You may contact our billing department to find out the exact amount you will owe.
5. **Out-of-Network.** We participate with most major insurance plans. You can contact your insurance company to confirm if your provider is in network prior to making your appointment. If we do not participate with your insurance plan, you will be required to sign an advanced beneficiary notice and pay for the visit at the time of service.
6. **Non-covered Services.** It is your responsibility to contact your insurance plan to determine whether a particular service is covered. If we provide you non-covered services, you are expected to pay for the services at the time of visit.

If you are a Medicare patient, we will inform you of any non-covered services prior to your treatment. A staff member will review options with you and document your decision and acceptance of financial responsibility using the Centers for Medicare and Medicaid Services (CMS) form, Advance Beneficiary Notice (ABN).

Insurance

We ask all patients to provide their insurance card (if applicable) and proof of identification (such as photo ID or driver's license) at every visit. If you do not provide current proof of insurance, you may be billed as an uninsured patient. After payment is received from the insurance company, you are expected to pay the entire amount determined by your insurance to be the patient's responsibility.



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You are ultimately responsible for providing referrals and authorizations from your insurance company, paying deductibles and co-payments, coordinating benefits if you have more than one insurance plan, and filing appeals if needed.

Insurance Verification. We will attempt to verify your insurance eligibility. If we are unable to verify active insurance coverage and if you are unable to present an alternative form of active insurance coverage, you will be required to either pay at the time of your visit or to reschedule your appointment.

Outstanding Balances. After your visit, we will send you a statement for any outstanding balances. All outstanding balances are due on receipt. If you come for another visit and have an outstanding balance, we will request payment for both the new visit and your outstanding balance. Your outstanding balances can also be paid online via our patient portal.

We generally send statements every 30 days, beginning when the balance becomes patient responsibility. If you have an outstanding balance for more than 120 days, you may be referred to an outside collection agency. In addition, if you have unpaid delinquent accounts for over 120 days; we may discharge you as a patient.

Late arrivals. If you arrive late for a scheduled appointment, you may be asked to reschedule your appointment or wait until the physician has a slot available.

Cancellations. If you are unable to keep a scheduled appointment, you must call at least one (1) business day in advance.

No shows. If you miss your appointment it will be your responsibility to contact us to reschedule. Patients must reschedule all nuclear, cardiac or vascular imaging 24hrs prior to their appointment. Failure to reschedule will result in a \$100 NO SHOW fee. You may be discharged from the practice following 3 no-shows in a one-year period (365) days.

Forms. There is a fee of \$25 for the physician to complete forms including disability forms, FMLA forms, MVA and any other form. Forms are not part of medical care and are not reimbursable by insurance.

Copying records and tapes. We will upload data from our electronic medical record into your portal account without charge. However, there is a fee for producing printed records as well as for copying images on a tape or disc. Please check with the receptionist for the fee amount.



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**Associates in Cardiology, P.A.
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(301) 681-5700**

Financial Policy Acceptance

I have received a copy of the financial policy for Associates in Cardiology and agree to abide by the policies. I agree to make prompt payment for all patient responsibility balances.

Signature _____ Date: _____

Printed name _____ Date of birth _____