

PATIENT FINANCIAL POLICY

Please read and sign this policy before your first visit. Ask us if you have any questions about our fees or your responsibilities.

Thank you for choosing Cardiovascular Institute of Scottsdale. We are committed to the highest quality of care while being considerate of its cost. Payment for services is part of that care, and a clear understanding of this policy is important to our relationship with you.

YOUR INFORMATION

Tell us about any change in your name, address, phone number, emergency contact, primary care physician or insurance. We may ask you to update your personal and insurance information every 6 months, even if nothing has changed.

INSURANCE CLAIMS

We bill your insurance company as a courtesy to you. To bill correctly, we need your current and complete insurance information. If it is missing or incomplete, you may be responsible for the entire bill. Insurance is a contract between you and your insurance company, and we are not a party to that contract. We may estimate what your plan will pay, but your insurance company makes the final decision based on your eligibility and benefits. If we are not contracted with your plan, you agree to pay any charges it does not cover, including amounts above its usual and customary allowance. If your plan pays you directly, you agree to send that payment to us right away.

YOUR SHARE OF THE COST

You are responsible for all copays, co-insurance and deductibles, and for any service your plan does not cover, including preventive or routine services it considers non-covered. Copays are due at the time of service. Any balance left after your plan processes the claim is due when you receive our statement. Your plan may cover testing done in our office differently from office visits.

PATIENTS WITHOUT INSURANCE (SELF-PAY)

If you do not have insurance, or choose not to use it, payment is due at the time of service unless other arrangements were made in advance. You have the right to receive a Good Faith Estimate of expected charges before your service. Ask our front desk for one.

YOUR PLAN'S RULES, REFERRALS AND PRIOR AUTHORIZATIONS

You are responsible for knowing your plan's benefits, including which providers, facilities, labs and imaging centers are in network, which services are covered, and which need a referral or prior authorization. Our staff will gladly help with questions, but we cannot verify benefits for every patient or interpret your policy for you. If your plan requires a referral or prior authorization from your primary care provider, you are responsible for getting it before your visit. Without it, your plan may pay less or nothing and the balance will be your responsibility, and we may need to reschedule your appointment or arrange other payment.

FEES

Check returned unpaid by your bank	\$25
Appointment not cancelled at least 24 hours in advance	\$50
Records sent at your request to an insurance company for a disability, auto or life insurance claim, or to an attorney or law firm	\$75
Disability, FMLA or life insurance paperwork completed by our office	\$50
Unpaid balance sent to a collection agency	All amounts owed plus collection costs, including the agency's 35% fee

Records and paperwork requests may take up to 10 business days.

INFORMATION SHARED WITH YOUR INSURANCE COMPANY

We may share your name, address, date of birth, phone number, diagnosis and other medical information with your insurance company to check your eligibility and benefits and to process your claims. If this information is not shared, your plan will likely deny or delay payment, and you will be responsible for the bill.

HOW LONG THIS AGREEMENT LASTS

This agreement is in effect from the date you sign it until all balances owed to this office are paid, even after you are no longer a patient of our practice.

By signing below, I confirm that I have read and understand this financial policy and agree to its terms.

Date

Signature of patient or responsible party

Printed name of patient or responsible party

Patient date of birth

If not the patient, relationship to patient