

OFFICE BILLING POLICY

As a courtesy, we submit to all insurance carriers for all patients. Even if we do not participate with the plan. Any applicable co-pay will be collected at time of service. For all others, payment are expected at the time of the visit unless other arrangements are made in advanced of the appointment.

We request a copy of all insurance card(s)

PATIENT RESPONSIBILITY STATEMENT

Regardless of our participation status with your insurance carrier, it is not possible for us to be updates and aware of any changes in your policy. It is the patient's responsibility to update our office upon check-in or over the phone of any changes to your insurance.

- 1) I understand that I am financially responsible for all services rendered from this day forward, and that if Premier Cardiovascular PA submits claims to my insurance carrier on my behalf, I am responsible for payment of any deductible, co-payments and out-of-network expenses which may apply. I further understand that if Premier Cardiovascular PA does not participate with my insurance and submit a claim on my behalf, I am responsible for any amount over and above what the insurance carrier allows, and the payment arrangement can be made with the billing department.
- 2) I agree to promptly turn over to Premier Cardiovascular PA any payments sent directly to me by my insurance carrier for services provided by Premier Cardiovascular PA and for which there is an outstanding balance on my account.
- 3) I understand that I am currently insured under a plan, or covert to plan in the future, and a referral from my primary physician is required. It is my responsibility to obtain the referral prior to my visit and to make certain that it is current, complete and include an authorization for any testing and/or surgery which may be indicated. I further understand that if I have not obtained a referral at the time of my appointment I may 1) Cancel and reschedule for a later date without any penalty or 2) Choose to be seen without prior approval and make payment for services at the time of visit. I also fully understand that if Premier Cardiovascular PA participates with my insurance carrier and my plan provides out- of- network benefits for unauthorized visits a claim will be submitted to my carrier and I will be responsible for any co-payments and/or deductible which may apply. Should I choose to cancel my appointment I understand that the appointment will be after the necessary referral is received and when opening is available.
- 4) I understand Premier Cardiovascular PA will charge a \$35.00 fee for all returned checks and that a \$25.00 "NO SHOW" will apply for all appointment cancelled without a 24 hour notice at the time of a 2nd occurrence.

DATE

SIGNATURE OF PATIENT OR GUARDIAN