

Cardiovascular Surgeons, PA

PATIENT FINANCIAL POLICY STATEMENT

The physicians and staff of Cardiovascular Surgeons, PA (CVS) are here to serve your needs as our patient. Our PATIENT FINANCIAL- POLICY describes your responsibilities for payment of the services we provide. After you have read this document- in its entirety, please sign below. Your signature constitutes an agreement to the procedures and policies of our practice.

Indicate- you have read each section below by initialing.

_____ Please present your most current insurance card(s) and picture ID at **each** visit. It is your responsibility to provide us with correct information so that we may submit your insurance claim. **You will be considered a Self-Pay/Uninsured if you have no proof of insurance.**

_____ **METHODS OF PAYMENT:** We accept cash, checks, Visa, Master Card, American Express, and Discover. Your deductible, co-payment, or payment for any non-covered services will be collected at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. A \$25 service fee may be charged for each returned personal check.

_____ **INSURED PATIENTS:** As a courtesy, we will bill your insurance for all services. You are expected to (1) pay your co-payment/coinsurance/deductible at the time of service; (2) follow-up with your insurance company to insure they make payment- to us in a timely manner; and, (3) know and understand what your insurance is and how it works.

_____ **UNINSURED/SELF PAY PATIENTS:** Patients with no insurance are expected to pay a \$150 office visit deposit prior to seeing the surgeon. This is a deposit only. Any additional charges will be the responsibility of the patient. If surgery is required, we will provide you an estimate of the cost of your surgery (Note: The estimate is an estimate of our charges, only and not an estimate of hospital, anesthesiologist, radiologist, and other provider(s) charges.) We ask that you pay a portion of the estimated cost prior to the surgery and if necessary, you can meet with a representative from our Business Office to establish a payment arrangement. Only Cash, Money Order, and Credit Cards will be accepted for pre-payments.

_____ **ACCOUNT BALANCES:** Any balances remaining after insurance pays must be paid in full in 30 days unless prior arrangements have been made with our Billing Office.

_____ **PAYMENT ARRANGEMENTS:** Payment arrangements can be made under special circumstances by contacting our Billing- Office within 30 days of receiving our statement. It is your responsibility to contact our office to request consideration for establishing a payment arrangement. If approved, you will be sent a monthly statement. You are responsible for knowing your monthly due date, which will be documented at the time your payment arrangement is established. After one missed payment, the account will be considered delinquent and may be sent to collections.

_____ **REFERRALS:** If your plan requires you to have an authorization/referral to see a specialist, you will need to obtain one from your referring doctor **prior** to being seen in our office. This must be done prior to your first visit. If one is not obtained we **will** reschedule your appointment.

_____ **MEDICARE PATIENTS:** We participate with Medicare and will bill Medicare for all of your covered charges. If you have supplemental insurance, we will submit that claim also. You may receive a bill from us, which will reflect any annual deductible owed and/or the 20% Medi-

care does not pay on the allowable charges. You are expected to pay the allowed amount of your charges until your Medicare deductible is met.

MISCELLANEOUS FEES: From time to time, various forms including but not limited to, disability and FMLA forms need to be completed by our office for you. There is a small fee to complete each form.

(Patient/Guarantor Signature) (Date)

(CVS Witness)