

OFFICE PAYMENT POLICY

Insurance Information: Complete and current insurance information is required at the time of scheduling. If it is not provided, you may be required to reschedule or pay in full.

Co-payments, Coinsurance and/or Deductibles: (Patients with primary and secondary insurance): Patients will be billed for any amount not paid by primary and secondary insurance carriers.

Billing: If you receive a bill for amounts not paid by your primary and secondary insurance, or if you are uninsured, your balance must be paid in full within 3 months if the balance is less than \$500 or within 6 months if the total due is greater than \$500.

Pre-authorizations and referrals: In order to prevent the insurance company from passing on these costs to you, **your assistance may be needed to pave the way with your insurance company. Your appointment will be rescheduled if a required pre-auth or referral is not in place at time of service.** Please call your insurance company to make sure that the authorization for your procedure or the necessary referral is in place prior to your scheduled appointment.

Medical Necessity: Interventional Cardiologists will order tests only when medically necessary. If your insurance disagrees with the judgment of Interventional Cardiologist's doctors, you may be responsible for the full charges. If Interventional Cardiologist performs a test that has been ordered for you by another doctor and your insurance concludes that it wasn't medically necessary, you may be liable for the full charges.

No-shows: After the first missed appointment there will be a \$50 charge assessed if you fail to show for another scheduled appointment. If you no-show for a nuclear imaging procedure you will also be billed the cost of the nuclear medicine (average \$400). **We require a minimum of 24 hours cancellation notice if you are unable to make any scheduled appointment.**

Individuals without medical insurance: We require a deposit of \$150 at the time of scheduling for non-testing appointments. For nuclear imaging and cardiac catheterizations the required deposit is \$500. The deposit will be applied to your balance once the charges are billed. Payment in full is due within 3 months if your balance is less than \$500 and within 6 months if your balance is greater than \$500.

Credit Card on File: All patients are required to keep a valid credit card on file. Your card will be charged up to \$100/month for any outstanding balance that remains unpaid if you do not initiate a payment to Interventional Cardiologists each month.

Failure to make payments: Failure to make your agreed upon payment can result in your account being turned over to an outside collection agency, your insurance company notified of any unpaid deductible and co-insurance amounts, and a 1099 being sent to the IRS. You may also be dismissed from the practice.

In order to facilitate payments at the time of the visit, Interventional Cardiologists accepts checks, cash, money orders, and credit card payment. Those who need to make payment arrangements must do so prior to your visit. Please contact our business office at 352-331-1877.

I hereby acknowledge that these are the payment policies of Interventional Cardiologists. I agree that if my account becomes delinquent I will be subject to collection services. I agree to pay all court costs and reasonable attorney fees for collection of any past due amounts owed, plus applicable interest.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date Signed: _____