



2019 Patient Financial Policy Sheet

To reduce confusion and misunderstanding between our Patients and practice, we have adopted the following financial policies, as of January 1st, 2017. If you have any questions regarding these policies, please discuss them with us. We can provide you with a copy of this “agreement” for your records upon your request.

Insurance

Affinity Heart Care contracts with many insurance plans. Before your appointment, please be sure we are in-network and the services are covered under your plan. Please present a current insurance card at each visit. We will bill your insurance company directly for medical services rendered. If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. Your health insurance policy is a contract between you and your Health Insurance Company or employer. Please note it is your responsibility to know if your insurance has specific rules or regulations. Guarantor: Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. Medicare may not cover some of the services that your doctor recommends. You will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign.

Co-payments, Deductibles and Co-Insurance

If you owe additional money after your visit, you will receive a statement. You can pay over the phone, in the office or send a check to the address on the mailed statement. If you have a credit, you have the choice of applying that to your account for future visits or receiving a check.

Unless other arrangements have been made in advance by either you or your health insurance carrier, **full payment is due at the time of service** which includes deductibles, co-insurance and/or co-pays. For your convenience, we accept payment by check, cash, debit card, Visa, Mastercard, HSA card, Discover or AMEX. **Failure to make payments may result in termination of care at our clinic.**

Cancelled, Missed, & Late Appointments

Failure to give **24 hours’ cancellation notice or same-day cancellation** will result in a charge of:

New or Exiting patient appointment: \$50.

Echocardiogram, Stress, Venous or Arterial Ultrasound, ABI, and Venous Ablation: \$75.

Nuclear Stress Test: \$160 (cost of medication).

Late Appointment: If you are late more than 15 minutes for your scheduled appointment, it may be subject to cancellation. If we are able to still see you, there might be a wait depending on the schedule that day. We must respect and honor the time scheduled for our other patients and our staff.

Equipment

We will dispense cardiac equipment to you for in-home monitoring. Failure to return equipment in a timely manner will result in charges to your account. Your credit card information will be collected at the time the equipment is given to you.

Sleep Kit: Charges will be incurred after **5 business days. \$50/week**

Holter: Charges will be incurred after **4 business days. \$25/day**

Telemetry Monitor: Charges may be incurred by monitor’s company if the monitor is not returned.

Minors and Dependents

The accompanying parent or adult is responsible for payment at the time of service. It is your responsibility to work out the payment of your child's medical care between the custodial and noncustodial parent.

Returned Checks

Returned checks are subject to a \$25 fee. We will accept payments only by cash or credit card until the balance is cleared.

Self-Pay Patients

Self-pay patients should be prepared to pay in full at the time of each visit. We offer discounted "cash pay" prices.

Credit Card

We request to keep a credit card on file for any payments that you would like to make.
(eg. Copays, statements, etc.)

I have read and understand the financial policy of the practice, and I agree to be bound by its' terms. I also understand and agree that the practice may amend such terms from time to time.

Printed Name of Patient

Signature of Patient or Responsible Party

Current Date

Printed Name of Witness

Signature of Whiteness

Current Date