

GAINESVILLE HEART & VASCULAR GROUP FINANCIAL POLICY

Thank you for choosing the physicians of Gainesville Heart & Vascular Group as your health care providers. We are committed to providing you with quality cardiovascular care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. If you have any questions about our fees, our policies or your financial responsibilities, please do not hesitate to contact our billing department at 770-534-9014. Please take time to carefully review the following information and return this form to the front desk with your signature and today's date.

We require that all patients complete our Patient Financial Policy prior to seeing the physician and upon each annual visit thereafter. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc.).

INSURANCE

- It is the patient's responsibility to provide our office with current insurance information. We will ask for your insurance card at your first visit and will copy for our records. We will request a copy at each office visit thereafter.
- If current information is not obtained at the time of service, it will become the patient's responsibility to pay the entire balance until current information is provided to our office.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, and pursuant to contractual obligations, we file all your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary.

You are ultimately responsible for the timely payment of your account.

NON-INSURED

Payment is due at the time of service unless prior arrangements have been made with our Billing Office.

CO-PAYS

Co-payments are due at the time you check in at the front desk **PRIOR** to your being seen by our physicians.

DEDUCTIBLES and CO-INSURANCE and ESTIMATES for hospital/in-office procedures:

- Balances related to unmet deductibles and estimation of co-insurance, as per the contract you have with your insurance, is to be paid at the time of service.
- For surgical and in-office procedures, an estimation of patient responsibility will be provided to you and is to be paid in full **PRIOR** to services being rendered.
- Additional balances due, if applicable, will be billed to you after the insurance carrier has processed the claim.

Partial Payments and Payment Plans - In certain circumstances, we are able to approve a partial payment at time of service and set up a payment plan for the balance. This may be offered in those situations where the total self-pay portion is particularly high and where your account is otherwise in good standing with a record of keeping payment promises. Because of the high cost of carrying and billing unpaid accounts, we are unable to offer payment plans of longer than 6 months. Please contact our Business Office for further information.

UN-PAID/OUTSTANDING BALANCES

- We ask that full payment be made at the time of service unless prior arrangements have been made through the billing office.
- If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due.
- You may call our billing office at 770-534-9014 to set up payment arrangements if necessary. Any overdue balances may be considered for further collection activity.
- Patients refusing to remit payment or make payment arrangements after 60 days notice of outstanding balance will force us to limit services until balances are paid in full or written financial arrangements are completed.
- Non-compliance with payment arrangements i.e. missed payments will also limit services until payment are up to date.
- If your account balance is 90 days past due and you do not have a payment plan that you are adhering to, unfortunately we will no longer be able to see you as a patient. Should this occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During this 30 day period, our physicians will only be able to treat you on an emergency basis.

NSF Checks

Dishonored checks will be charged back to your account with a service fee of \$30.00. You will receive a statement reflecting the amount of the check returned and the NSF fee. If a second check return occurs, we will no longer accept personal checks from the patient.

MEDICAL FORMS

There is a charge of \$50 for all medical forms that need to be completed. This is due before the completed forms will be released to the patient.

We offer convenient ways to pay your bill:

- Make a secure online payment: www.quickpayportal.com.
- By signing up for our patient portal and submitting payment through the ONLINE BILL PAY option.
- Call the business office at 770-534-9014. Forms of payment accepted: Cash, Checks, Visa and MasterCard.