Financial Policy and Patient Responsibility

Patient's Responsibility:

- To know their insurance policy. Patients should be aware of their benefit coverage including which physicians are contracted with their plan, covered and non-covered benefits, authorization requirements, and cost share information such as deductibles, co-workers. If you are not familiar with you plan coverage. We recommend you contact your carrier directly.
- To obtain a referral from their primary care physician and/or obtain authorization for treatment from their insurance carrier prior to receiving services. Any non-covered services are the financial responsibility of the patient.
- To pay their co-pay at the time of arrival.
- To pay any Medicare deductible and co-insurance amounts not covered by their supplemental insurance.
- To promptly pay any patient responsibility indicated by their insurance carrier. A late charge of 1.5% per month (or 18% per year) on unpaid patient balances will be added to accounts not paid within 90 days of receipt of insurance payment.
- To facilitate in claims payment by contacting their insurance carrier when claims have not been paid.
- A 60 day period will be extended for pending insurance payments, after which the patient may be held responsible for the balance.

Financial Policy Acknowledgemets:

I have read and understood the above financial policy. I understand that regardless of my insurance claim status or absence of insurance coverage. I am ultimately responsible for the balance on my account for any services rendered. I understand that payments can be made by cash, MasterCard or Visa. I agree that if my account is referred to a collection agency or attorney, I will be responsible for all costs of collection on my account including attorney's fees, and any interest on money due.

➢ _____ _____ _____

Printed Patient Name Signature Date

Release of Medical Information and Assignment of Benefits:

I authorize the release of medical information necessary for filing health insurance claim forms for me by Dr. Zaki Lababidi, MD FACC FSCAI, Dr. Mohammad Hojjati MD PhD, Dr. Khaled Albasha MD FACC, Sharolyn McClurg MSN CNP, Lauren Woffinden MSN ANP. I also authorize my insurance carriers to make payments directly to these companies.

➢ _____ _____

Signature Date