Financial Policy and Patient Responsibility

Patient 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-pays. If you are not familiar with your 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 payment of claims 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 Acknowledgements:

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, and Dr. Khaled Albasha MD FACC. I also authorize my insurance carriers to make payments directly to these companies.

➢ _____ _____

Signature Date