



Financial Policy and Patient Responsibility

**We are committed to providing our patients with the highest quality care.
Thank you for taking the time to read and understand our policy.**

Healthcare Providers and Patients have a unique relationship with insurance carriers and different sets of responsibilities.

It is the **Patient's** Responsibility:

- To know their insurance policy. Patients should be aware of their benefit coverage prior to their appointment regarding such items as contracted physicians with their plan, covered and non-covered benefits, authorization requirements, deductibles, coinsurance and co-pays. We recommend you contact your carrier directly with any questions pertaining to your coverage.
- To obtain a referral from their Primary Care Physician (PCP) prior to receiving services. Any non-covered services are the financial responsibility of the patient.
- To pay their co-pay, deductible and/or coinsurance at the time of service for all office visits, tests and in-house procedures. If payment isn't obtained test will be cancelled or rescheduled until payment is obtained.
- To promptly pay any patient responsibility indicated by their insurance carrier.
- To pay any balance due as a result of non-disclosure of any health insurance coverage.
- To facilitate claims payment by contacting their insurance carrier when claims have not been paid.
- To understand that as a courtesy, CVAM will file claims with a secondary or tertiary insurance carrier one time. Payment and/or follow up on balances due by a secondary or tertiary insurance are the patient's responsibility.
- To be held responsible for any return check fees.
- **To cancel an appointment at least 24 hours in advance. Failure to give a 24-hour prior notice may result in the assessment of a no-show fee: \$25 for an established patient office visit or telemedicine call, \$50 for a new patient office visit and testing, \$100 for a nuclear test and \$150 for procedures (i.e. ILR, TEE, Venous Ablations and Venaseal) Failure to arrive for scheduled appointments can affect your medical care as well as our Providers ability to treat you. Patients who no show 3 consecutive appointments are at risk of being discharged from our practice.**
- To pay a \$25 administrative fee or to make an appointment with the provider, when requested by the provider, for the completion of forms such as FMLA, Disability and other forms requiring manual completion. Payment is required in advance and is not billable to your insurance carrier.
- To understand that CardioVascular Associates of Mesa does not allow electronic recording within the building.

It is the **Provider's** Responsibility:

- To file insurance claims on the patient's behalf. CVAM will file a claim with primary carriers. As a courtesy to our patients, secondary and tertiary claims will also be filed one time. A 60-day period will be extended for pending insurance payments, after which the patient may be held responsible for the balance.
- CVAM, its physicians and employees are not responsible for providing insurance coverage and benefit information to patients. As a courtesy, the CVAM Billing Department is available to assist you with your questions.

CardioVascular Associates of Mesa, PC may release any information regarding my medical condition and treatment to my insurance company. I assign all insurance benefits to CVAM. I understand I am responsible for any and all charges. I agree to pay any balance unpaid by my insurance company. This authorization will remain in effect until revoked by me in writing.

I have read and understand the above financial policy. I understand that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any services rendered.

TELEPHONE CONSUMER PROTECTION ACT (TCPA): I agree that CVAM or any other collection or servicing agency or agencies retained by CVAM (together referred to hereafter as "collectors") to collect any money that I owe to CVAM may contact me by telephone or text message at any number given by me or otherwise associated with my account, including but not limited to, cellular/wireless telephone numbers which may result in my incurring fees for the



call or text message. I understand, acknowledge, and agree that the collectors may contact me by automatic dialing devices and through pre-recorded messages, artificial voice messages, or voice mail messages. I further agree that the collectors may contact me using e-mail at any e-mail address I provide to CVAM or otherwise associated with my account.

Patient Name (please print): _____

Signature: _____ Date: _____