



## FEES & PAYMENT, & NO-SHOW POLICY

Thank you for choosing Vascular Solutions for your healthcare services. The following document outlines how we structure our fees and payment options. If you have any questions about charges, account balance or payment processing please contact our practice manager. We accept the following forms of payments:

- Visa
- American Express
- Cashier check
- Master card
- Personal check
- Cash
- Discover
- Money Order
- Care Credit\*

\* If you are interested in using Care Credit please contact the practice manager for additional information.

\*\* A copy of your driver's license (or other government-issued photo ID) is required for non-cash payments.

### COSMETIC PROCEDURES

You will be required to **pay in full** (at time of appointment).

### NON-INSURED (SELF-PAY PATIENTS)

You will be required to **pay in full** (at time of appointment).

### INSURED PATIENTS (OUT-OF-NETWORK)

You will be required to pay in full (at time of appointment). We will provide you with a "statement" outlining incurred charges and payments you have made. This statement can be submitted (by you, at your discretion) to your insurance company for processing.

### INSURED PATIENTS (IN-NETWORK / PLAN ACCEPTED BY VASCULAR SOLUTIONS)

Co-payments, co-insurance, and any deductible are due at time of service. Vascular Solutions will submit claims directly to your insurance company. If your health insurance coverage has lapsed (ie. not currently "active") you will be required to **pay in full** (at time of appointment).

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## OVERVIEW OF COMMON CHARGES

### NEW PATIENT "OFFICE VISIT" CHARGE

Patients receiving initial evaluation at Vascular Solutions will be evaluated by a medical provider (MD &/or PA). With the exception of brief pre-sclerotherapy evaluation, there is a charge for this service.

### DIAGNOSTIC IMAGING CHARGE

Vascular Solutions performs a variety of on-site diagnostic imaging studies. Diagnostic imaging studies (typically duplex ultrasound) are required to define vascular anatomy, and determine treatment options. There is a charge for this service.

### RETURN PATIENT "OFFICE VISIT" CHARGE

Established patients returning for follow-up evaluation at Vascular Solutions P.C. will be evaluated by a medical provider (MD &/or PA). There is a charge for this service.

### IN-OFFICE SURGERY / PROCEDURE CHARGE(S)

A wide range of procedures are performed in the office at Vascular Solutions. Some procedures are performed by MD (eg. various venous ablation procedures, phlebectomy), some procedures are variably done by MD or PA (eg. venous sclerotherapy, wound debridement) and some "procedures" are billable activities that are coordinated within the office by appropriately trained nursing staff / clinical team-members (eg. dressing changes). Each procedure has an associated charge.



## SPECIAL CIRCUMSTANCES:

### OFF-SITE IMAGING

Occasionally patients will require off-site imaging (eg. CT scan) at outside facilities, that are not owned, operated or financially affiliated with Vascular Solutions. Charges for diagnostic studies obtained at such facilities will be generated by the facility performing the off-site diagnostic study. Vascular Solutions is not responsible for charges incurred at off-site imaging locations.

### HOSPITAL-BASED SURGICAL PROCEDURES & IN-PATIENT CARE

Patients who require “outpatient” procedural intervention (in a hospital or ambulatory surgery center), and patients who require inpatient care will be subject to various charges established by the treating facility. These charges may include (but are not limited to):

- Facility fees.
- Professional charges rendered by various professional providers at that facility.
- Professional charges / procedural charges related to the activity of Dr. Ford (or any provider employed by Vascular Solutions) rendered at that hospital / facility.

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## INSURANCE VERIFICATION

As a courtesy to our patients, prior to any planned billable event at Vascular Solutions we will make a good-faith effort to confirm the following:

- Verify you have a valid (active) insurance policy.
- Verify that your insurance is accepted by Vascular Solutions.
- Verify that proposed procedural services are covered by your insurance plan.

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## TREATMENT PRICE ESTIMATE

Prior to any planned billable event Vascular Solutions will attempt to confirm financial information specific to your insurance plan (co-pay, co-insurance, total deductible, deductible met, etc). Based on this information Vascular Solutions will provide you with a preliminary “Treatment Estimate”, which will outline the cost of anticipated services and a **preliminary estimate** of the amount you will be responsible for:

- This quote should be considered a **preliminary estimate**, and is **not a binding contract**.
- Vascular Solutions does not accept any responsibility if the information provided by your insurance company is inaccurate.

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## LEGAL DISCLAIMER

Billing your insurance does not guarantee payment by the insurance company, nor does it release you from financial obligation for any unpaid balance. Vascular Solutions is not responsible to negotiate a settlement for any disputed claim(s). In case of insurance partial payment, you will be responsible for any residual balance.

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## BILLING NOTIFICATION

Vascular Solutions P.C. will send a billing statement detailing any unpaid balance. Outstanding balances are due (in full) within 30 days of statement.

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## PAYMENT RESOLUTION

- Accounts over 60 days past due will incur a late payment fee (**late payment fee = 20% of outstanding balance**).
- Accounts over 90 days past due will be sent to collections.
- A **\$40.00** service fee will be charged for returned checks due to insufficient funds.
- If you have a past-due account balance Vascular Solutions P.C. reserves the right to decline additional services until the balance is paid in full.



## APPOINTMENT CONFIRMATION & NO-SHOW POLICY

Vascular Solutions will contact you (by your preferred communication preference) to confirm your appointment several days prior to your scheduled appointment. If you do **NOT** confirm your appointment, **your appointment will be cancelled and your appointment slot will be filled by other patients.**

We understand that unforeseen events may necessitate rescheduling of healthcare appointments. Advance-notice of rescheduling requests (or appointment cancellation) allows us to effectively allocate practice resources.

To minimize the negative impact of last-minute cancellations & "no-shows", Vascular Solutions uses the following policies:

- If you fail to attend a scheduled office visit appointment (or cancel the appointment with less than 24-hours advance-notice) you will be subject to the following fee: **\$25.00**
- If you fail to attend a scheduled in-office surgical procedure (or cancel your appointment with less than 72-hours advance-notice) you will be subject to the following fee: **\$75.00**
- If you "no show" (or cancel with inadequate advance-notice) more than three times in a 12-month period you may be dismissed from the practice.

I have been provided a copy of the Vascular Solutions Fees & Payment, Appointment Confirmation & No-Show Policy and agree to the terms and conditions described in this policy.

**Patient or Authorized Person:**

Name (print):

Signature:  Date:

Affix Patient Demographic  
Sticker Here