



## Welcome to Cary Cardiology, P.A.

Thank you for choosing Cary Cardiology, P.A. as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship.

### Financial Policy

#### **Insurance Policies:**

**All copays and past due balances are expected at the time of service.**

We will, as a courtesy, file insurance claims that we participate with on your behalf.

Please note that if your insurance company fails to pay your claim within a timely manner it will become your responsibility. If you fail to provide us with the correct insurance policy, and we cannot file claims due to the 180 day commercial insurance timely filing limit, these charges will be your responsibility. Secondary claims will be filed once, and we will only file to those carriers we participate with.

#### **Self Pay:**

You will be considered a "Self Pay" patient if you do not have insurance or carry an insurance we do not accept. Our list of accepted insurance plans can be found on our website.

We offer a 50% discount for self pay patients with no insurance. Payment is due the date services are rendered.

#### **NSF Checks:**

A returned check fee of \$25.00 will be added to your balance for NSF fees. We will no longer accept a check as payment on your account after a check is returned.

#### **No Show Fees:**

Please understand when you do not show up for your appointment it prevents another sick patient from receiving care. If you do not contact our office within 24 hours of your appointment no show fees will be applied to your account.

**\$25.00 for office visits/ \$50.00 for Stress Echo / \$100.00 for Stress Cardiolite**

#### **Surgery Deposits:**

We verify benefits for all hospital surgeries and extensive in-office procedures. You will be notified of your financial responsibilities before treatment, and **payment is expected before your procedure is performed.**

#### **Medical Records:**

Medical records can be obtained for a nominal fee. Medical records to another physician are sent at no cost. Please see a patient representative for more details.

I understand that I am responsible for my bill regardless of insurance coverage. If my account should become delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee. I hereby authorize release of my medical information to the above insurance company/companies and authorize payment directly to Cary Cardiology, P.A.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_