

Healing Hearts Financial Policy and Authorizations

We are happy that you selected Healing Hearts for your healthcare needs and look forward to working with you. To help you understand your financial responsibilities in relation to your medical care, we would like to briefly outline our financial policies.

Patients are expected to provide identification and if insured, a current insurance card(s) at time of service. Patients are financially responsible for all services provided and are expected to pay for services at time of service, including any past due balance from a prior date of service. Returned checks will be subject to fees.

Medicare: The office will bill the Medicare intermediary. Patients are responsible for the following:

- Annual Medicare deductible
- All applicable co-pays of the allowed charge
- Any non-covered services
- Any covered service ordered by the physician which does not meet Medicare's medical necessity and for which the beneficiary signed an Advanced Beneficiary Notice (ABN).

Medicare Supplemental and Secondary Insurances: The Practice will bill both Medicare and secondary insurances.

Medicaid: Patients must provide the Practice with a current Medicaid card at each visit. Medicaid patients are responsible for applicable co-pays and for all non-covered services. Medicaid patients are responsible for securing necessary referrals from their primary care physicians.

HMOs and PPOs, Commercial Insurance Plans: Patients are responsible for payment of the co-pay, co-insurance and/or deductible, or non-covered amounts at the time of service as well as for any charges for which the patient failed to secure prior authorization, if authorization is necessary. Insurance is filed as a courtesy and benefits are authorized to be paid directly to the Practice. Patients are responsible for the balance in full if not paid by the insurance within 30 days. If the patient is not prepared to pay the co-pay or deductible, a member of the clinical staff will determine if it is medically necessary for the patient to see the physician. If the patient's condition allows, the appointment will be rescheduled.

Self-Pay: Patients are responsible for payment in full at the time of services for all services rendered.

Worker's Compensation: Employer authorization must be obtained before treatment is rendered or the patient will be responsible for payment in full at the time of services for all services rendered. Once authorized, patients are not responsible for any charges unless the workers compensation case is dismissed or denied.

Personal Injury/Motor Vehicle Accidents and Other Third-Party Liability: The patient is responsible for the balance in full at the time of service. Any settlement you receive from your insurance company or other third party will be handled by you, your insurance company, and/or your attorney.

Out of State Insurance: If the patient presents with an out of state HMO/PPO insurance card, we will need to verify the patient's benefits for out-of-state or out-of-network benefits. The patient may be required to make payment in full or pay any co-pay, co-insurance or deductible.

Authorizations and Consent

ASSIGNMENT AND RELEASE: I hereby authorize Healing Hearts to furnish information to any and all insurance carriers concerning my medical records and treatments. I authorize Healing Hearts to appeal any unpaid insurance claims on my behalf. I hereby assign to the physicians all payments for medical services rendered to myself or my dependents. I acknowledge and understand that I am responsible for all services rendered to me and all the charges incurred from those services. Although I have requested the practitioner to bill my insurance company on my behalf, I clearly understand that I am responsible for any amount not covered by my insurance for any reason. I will also be responsible for any co-pays, co-insurance amounts, and deductibles. Any payments made directly to the patient and owing to the physicians will be remitted immediately, payable to Healing Hearts. All payments are expected when services are rendered. I am responsible for furnishing all the information requested above, and also responsible for furnishing any necessary insurance forms to the office prior to hospitalization or office surgical procedures. If there is a default in any one payment there will be an added 35% collection or Attorneys' fee, plus all costs, if my account goes to a collection agency or collection attorney for collection or litigation.

CONSENT FOR TREATMENT: I hereby authorize the physicians, midlevel providers, nurses, medical assistants, and other Practice staff to conduct such examinations, and to administer treatment and medications as they deem necessary and advisable.

NO SHOW & CANCELLATION POLICY: Healing Hearts understands that your time is valuable. With that same respect, we ask that you read and comply with our cancellation policy:

- A. Patients are asked to provide at least 24 hours' notice whenever an appointment cannot be kept. Patients can notify our office by calling our office, sending a message through their patient portal, and/or by sending a secure message from our website (www.healingheartsclicnic.com).
- B. In the event that 24 hours' notice is not given, there will be a \$50.00 charge for a missed New Patient appointment, as well as, for all in-office testing including, but not limited to: nuclear stress tests, echocardiograms, carotids, treadmill stress tests, and vascular studies. **This no-show charge must be paid before a second appointment can be made.**
- C. There will be a \$35.00 charge for unpaid return of a personal check.

I understand if I fail to come for a scheduled appointment or cancel at least 24 hours prior to the appointment, I will be considered a "no show" and will be subject to a "no show" charge per occurrence. Ongoing occurrences of no shows may result in dismissal from the Practice.

I understand the Financial and No-Show Policies, Authorizations and Consent for Treatment, and hereby agree to them:

Print Patient Name

Patient Signature

Today's Date

Patient Date of Birth