

# **CARDIOVASCULAR CONSULTANTS HEART CENTER**

KEVIN J. BORAN, MD, FACC, FSCAI / DONALD W. GREGORY, MD, FACC / ROHIT SUNDRANI, MD, FACC, FSCAI  
CHANDRASEKAR PALANISWAMY, MD, FACC, FHRS / AJAY M. PATEL, MD, FACC, FSCAI / KUMAR SANAM, MD, FACC

## **Financial and Billing Policies**

Thank you for choosing the physicians at Cardiovascular Consultants Heart Center. We are committed to clinical excellence in meeting your health care needs. We participate with a variety of insurance plans and will directly bill your insurance under these plans.

We understand that billing and payment for health care services can be confusing and complicated. It is important for you to know the information contained in your specific health plan, including any co-payments and other provisions. If you have any questions, call your health plan's member services department; their number is listed in your benefit plan booklet or on your ID card.

**Inform Us of Changes:** If you are a current patient, please inform us if your personal or insurance information has changed since your last visit. The lack of current information may cause delays in care and responsibility for the cost of the entire visit.

**Bring Your Health Information:** Bring your health insurance information to your visit. This includes identification, all insurance cards, and authorization/referral forms. We will ask you to sign forms such as a release of information, assignment of benefits and possibly additional forms depending on your visit.

**Co-Payments, Deductibles and Co-Insurance:** Co-pay's are due at time of your office visit. Under the terms of our contract with the various insurance plans we cannot waive any co-payments, deductibles or co-insurance amounts defined as patient responsibility. If you have any questions regarding your co-payments or deductibles, please call your insurance company. For your convenience we accept cash, checks, debit, VISA, and MasterCard.

**Patient Responsibility Balances:** All patient responsible balances must be paid in full or a financial arrangement must be made at the time of your visit.

**Deposits:** For certain procedures, you may be required to pay a deposit or pay for the service in full prior to treatment.

**Prompt Payment:** We offer a prompt payment discount. Please contact our Billing Department for details.

**Prior Authorization:** Most health plans require authorization for elective services. If your insurance company decides your service was not medically necessary, is pre-existing, or is not a covered service you will be asked to pay prior to the time of service.

**HMO/Managed Care Plans:** It is your responsibility to make sure a current referral has been obtained for your care with our providers. If a referral has not been obtained by your appointment you may need to reschedule your visit until you have a current referral. We realize this is an inconvenience, but without the referral our physician will not be reimbursed for the services provided.

**Workers Compensation:** Please bring your claim number, date of injury and employer/workers compensation information. Your claim needs to be open and valid for the condition that we are seeing you for.

**Statements:** You will not receive a statement until your primary insurance company has fulfilled its financial responsibility or a service is determined to be patient responsibility.

**Who Can Discuss a Bill:** Confidentiality is important. Our Patient Account Representatives may only speak with the patient or the person designated in writing by the patient to receive the bill(s) on behalf of the patient.

I have read, understand, and agree to the above Billing Policies. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Cardiovascular Consultants Heart Center. I authorize Cardiovascular Consultants Heart Center to release pertinent medical information to my insurance company when requested, needed to obtain authorization for a procedure or to facilitate payment of a claim. I have given complete and accurate information and agree to inform Cardiovascular Consultants Heart Center of any changes regarding my personal billing information or my insurance billing information.

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Patient Signature

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Date:

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Print Name