

CARDIOVASCULAR CONSULTANTS MEDICAL GROUP
FINANCIAL POLICY

Cardiovascular Consultants Medical Group looks forward to providing your cardiology services.

REFERRALS AND AUTHORIZATIONS

Your insurance plan may require prior authorization or referral for specific tests, procedures or services. We will use our best efforts to obtain the authorization or referral for you. If we are unable to obtain the required authorization or referral because your insurance company denies the request, because we do not have sufficient time to obtain the authorization or referral or because you have not had the appropriate contact with your primary care physician, and you decide to have the service performed without authorization or referral, you assume full financial responsibility for the service(s) performed.

PAYMENT FOR SERVICES

Please provide our office with the following information:

- Insurance ID card(s)
- Driver's License or Government-issued picture ID card
- Referral authorization form (if required by your insurance plan)

If you have medical coverage with more than one insurance plan, please bring the medical insurance ID card for each of your insurance plans. If you DO NOT have medical insurance, payment in full will be collected at the time of service; additionally, if you do not have medical insurance, we will request a credit card number at the time you schedule your appointment. If it is necessary to establish a payment plan, please contact our Business Office at 925-975-5930 prior to your visit.

We will bill your insurance(s) and do all the paperwork for you. **All copayments are due and payable at the time of your visit.** We will do our best to collect your correct copayment amount; however, there may be instances in which we are unable to do so. If that happens, you will be billed for any balance due. If you are covered by an HMO plan, no other charges (except those assigned by your medical group) will be billed to you. If you are covered by a PPO plan, Medicare or private insurance plan, you will be financially responsible for the portion of your bill that your insurance company does not pay. You will be billed after your insurance company processes your claim.

If you receive any service for screening purposes and your insurance company denies payment, you will be responsible for payment for those services. (For example, a test you wish to have done that is not specifically indicated by a medical need, even if ordered by your doctor.)

If we are preferred providers for your insurance plan (as detailed in your insurance booklet or on your insurance's website), we will adjust your bill based on the terms in our contract, before we issue you a bill.

If you are covered by more than one insurance plan, we will bill your other insurance plan(s) after we have received payment from your primary insurance plan.

We accept Visa, Mastercard, American Express and Discover to cover copayments or other payment which may be due at the time of service. If we bill your insurance company, or you have arranged a payment plan with our billing office or you did not pay the full amount due at the time of service, you will receive monthly statements until your account balance is zero.

If you have insurance, you will not receive a statement until your insurance company has processed our claim and determined that you have a financial responsibility. If you cannot pay your full balance please contact our business office at 925-975-5930 to arrange a payment plan.

CHARGES FOR SPECIALIZED TESTS

Nuclear imaging tests require us to pre-purchase and prepare special isotopes before the test is performed. The cost of the isotopes for these specialized tests is usually in the range of \$468 per test. **Your insurance company may not pay for the isotope prepared specifically for you if you fail to keep your appointment for nuclear imaging.** If you do not keep your appointment and do not cancel your appointment at least 24 hours before the scheduled time of your test, we will bill the cost of the isotope not covered by your medical insurance to you.

NO SHOW or LATE CANCELLATION FEES

Missed appointments, No-Show appointments or appointments cancelled after 12:00 noon the day prior to your scheduled appointment will incur a \$50 charge.

Please do not hesitate to call our business office at 925-975-5930 any time you have questions about our Financial Policy. Additional information about our policies, services and providers may be found at our website www.ccmgonline.com.

By signing below you acknowledge receipt of our Financial Policy and understand its' contents. Keep the copy of this document for future reference and for your records.

Signature

Date