

# **Los Alamitos Cardiovascular Financial Policy**

## **Welcome To Our Office**

We are dedicated to providing you with the best care and service, and we regard your understanding of our financial policies as an essential element to your care and treatment. If you have questions about your account, charges, insurance, or payments, please speak with one of our Billing Representatives.

Please have available at the time of your visit the following insurance and identification information:

1. Your current and valid insurance identification card so that we can copy the front and back of the card for accurate insurance information.
2. Your driver's license so that we may copy it for accurate demographics and patient specific data.
3. If you have a health plan that requires its own insurance claim form, please provide us with a signed and completed claim form.
4. Your referral or authorization for services if applicable.

### **Payment Policy**

Payment in full for services rendered is expected at the time those services are rendered. For your convenience, we accept cash, check and most credit cards. On your behalf we will bill those insurance companies which we have an agreement. Please note that in the event of non-payment, your account may be placed with an outside collection agency and the expenses for that action will be added to your account balance. Balances which extend beyond 90-days from the date of service may be charged a finance fee of 1.5% for each 30-days of non-payment. If you have any questions, please feel free to ask one of our representatives or our Billing Service.

### **Self-pay Accounts**

If you do not have a valid insurance plan to cover the cost of our services, you will be required to make full payment at the time of service.

### **Insurance Plans**

If you are insured, we will bill those insurance plans with which we have an agreement with on your behalf. However, it is ultimately your responsibility to become familiar with the details of your insurance plan coverage. We recommend you contact your insurance company prior to any service so you may understand your allowable benefits. If you have a PPO or HMO insurance plan, we will collect the required co-payment, co-insurance, and any deductible that is due at the time of the visit. In the event that your health plan determines a service to be "not-covered," we will bill you, and payment is due upon receipt of that statement. Any amount that you are billed for services rendered and not paid by your insurance company within 30-days will be billed directly to you. If your insurance coverage is with a plan that we do not have an agreement with, payment is expected, in full, at the time of service. As a courtesy, we will submit a claim to your insurance company on your behalf.

**Insurance Updates**

Due to frequent changes with insurance plans and the benefits offered under those plans, our staff is required to review and update insurance information on a regular basis.

**No Show and Cancellations**

In today’s financial climate, we are forced to look at all of our options, one of those being the patients failure to adequately (less than 24-hours’ notice) notify our practice in time to use their scheduled appointment slot for another, in need patient.

We require no less than 24-hours’ notice when cancelling a scheduled appointment or procedure. If you fail to notify our practice you will be charged :

- \$50 for office visits; and,
- \$100 if you have a scheduled procedure, plus the cost of any ordered drugs.
- After the fourth no show, you will be discharged from our practice.

**Other Fees**

- ✓ Copy of Records
- ✓ Copy of X-Rays
- ✓ Form Completion Fees

I understand that Los Alamitos Cardiovascular agrees to bill my insurance as a courtesy to me and that I must submit information as needed to insure payment for services rendered. I further understand that I am ultimately responsible for payment of all rendered services.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter/Representative Name

\_\_\_\_\_  
Signature of Interpreter/Representative

\_\_\_\_\_  
Date