

NOTICE OF FINANCIAL RESPONSIBILITIES

Financial Policy

Thank you for choosing Alpharetta Cardiology, L.L.C. Our goal is to provide you with the highest quality care possible. We find that communication with our patients regarding our financial policy assists us in providing the best service to you. Therefore, we take this opportunity to answer some of the most commonly asked questions. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Payment Methods

Payment is expected at the time services are rendered. We accept a variety of payment methods including cash, check, money order, or credit card (Visa, MasterCard, American Express, PayPal, and Discover). Credit card payments are also accepted via telephone and online. Go to payalphacardio.com. There you can set up a recurring payment plan if you desire that option.

Insurance Information

We must emphasize that your health is our primary concern, regardless of your insurance. Because your insurance policy is a contract between you and your insurance company, please check with your insurance carrier to determine any pre-existing limitation or other benefit restrictions that you may have PRIOR to your appointment. We will file your insurance as a courtesy and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Most insurance companies **do not cover 100% of the cost of services** and there is a portion that is your responsibility.

There are several patient responsibility components that may apply to an insurance payment:

Co-pay – A set dollar amount per office visit that is the patient's responsibility.

Co-insurance – A percentage of the charge that is the patient's responsibility.

Deductible – A set annual amount that the patient is responsible for paying prior to his or her insurance making a payment.

Because of the contract you have with your insurance company, we are obligated to collect payment from you for your portion of the balance. **All co-payments, co-insurance, and deductibles must be paid at the time of service.** (Note: **If your co-insurance and/or deductible is high, for your convenience, we can set up an automatic payment (aka recurring) plan, with an estimated 35% deposit until the**

balance is paid off.) This arrangement is part of your contract with your insurance company. To bill your insurance accurately and in a timely manner, we will need assistance from you. We ask that you provide our office with accurate demographic information (address, phone number, e-mail etc.) and proof of insurance. **All patients will be required to show proof of insurance and a Government issued Photo ID.**

Insurance Changes

If there are any changes in your insurance, you are required to provide that information to our office. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the resulting balance.

Managed Care: All Managed Care (i.e. HMO, PPO, POS)

Co-payment, co-insurance, and **deductible amounts are due at the time of check-in.** If your insurance plan requires a referral authorization from a primary care physician you are responsible for obtaining approval from your PCP **prior** to treatment. If you request an office visit or procedure without a referral authorization, your insurance plan may deem this as non-covered treatment and you will be responsible for the charges.

Medicare

We accept assignment with Medicare. Medicare pays 80% of their allowed amount after satisfaction of the yearly deductible. You are responsible for 20% of Medicare's allowed amount unless you have secondary insurance coverage. **All co-payments, co-insurances, or deductibles are due and payable at the time of service.**

Secondary & Tertiary Plans

We will bill your secondary and, if applicable, tertiary insurance as a courtesy. If you have supplemental insurance to cover the portion of the charges that Medicare or your primary insurance carrier does not pay, please provide us with a copy of this insurance card. Medicare and secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding.

Prior Authorization

Please remember that it is up to you to understand the requirements of your individual insurance plan and know whether prior authorization from your insurance company is required.

Non-covered Services

Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

Cash Patients

Cash patients are accepted at an already-discounted cash pay rate. All uninsured patients will be required to pay in full at time of treatment.

Nonpayment

Please be aware that patient accounts over 90 (ninety) days without satisfactory payment will be turned over to a collection agency and patients will face possible termination from the practice.

Returned Checks

A \$35.00 fee will be charged for any returned checks. We will be unable to accept your checks for any services thereafter.

Missed Appointments/ Late Arrivals

In an effort to provide our patients with quality, efficient care, it is necessary for you to attend appointments as scheduled. Compliance with your prescribed plan of care is critical for success in your healthcare. If you are unable to keep a scheduled appointment, please cancel or reschedule your appointment at least 24 (twenty four) business hours in advance to avoid a service charge. \$30.00 for appointments, \$50.00 for echo and \$135.00 for nuclear stress test. Patients who habitually fail to keep scheduled appointments and do not give a 24 (twenty four) hour cancellation notice may face treatment termination. Any patient later than 20 (twenty) minutes past his or her original appointment time may be asked to reschedule as that appointment has been missed.

Medical Records

Medical records requests will be processed upon receipt of a signed medical release form. Please be aware that billing records are a part of your medical record and will also require this form. We can mail it or fax it. In addition you may retrieve it from the patient portal on our website-www.marleneblaisemd.com.

Account Billing Questions and Refunds

Questions or concerns regarding your account or insurance claim should be directed to our billing office staff. If you feel an error has been made in your statement or if you have any questions or concerns please contact our medical biller at (678) 762-0910.

Please sign the attached acknowledgement that you have received a copy of our Notice of Financial Responsibilities, effective immediately. And also by signing below you agree to any future phone/recurring payments and/or payment plan set-up to our mutual satisfaction, according to the card issuer agreement (Merchant Agreement if credit voucher).
