

FINANCIAL POLICY

The following outlines our financial policy. Please read and sign prior to treatment.

PATIENT REGISTRATION

At your initial visit, and periodically thereafter, you will be asked to complete a patient registration sheet. This will enable us to properly bill for services rendered.

PAYMENT

We will accept cash, check or Visa card. Payment is expected at the time of service for:

- A. All co-pays, deductibles and patient co-insurance.
- B. Cash account – no insurance or proof of insurance.
- C. Non-contracted insurance.
- D. Insurance benefits cannot be verified or patients show as “not eligible”.

BILLING

We will bill for Medicare, HMO's, PPO's, and private insurances. Secondary insurance will also be billed if information is provided at the time of service.

STATEMENTS

After insurance has paid, patients will receive a statement for remaining balance. Accounts over 31 days are considered past due.

HOSPITAL CHARGES

We will bill for all hospital visits, regardless of insurance.

PAYMENT PLAN

If unable to pay your full balance at time of service, prior arrangements must be made with Office Manager or Financial Manager.

MISSED APPOINTMENTS

Office policy is to cancel appointments at least 48 hours (2 working days) prior to the appointment unless an emergency precludes your from doing so. \$80.00 will be charged for missed Office Visit appointments, Pulmonary Function Test (PFT), LifeWatch, 24 Hour Holter, & Injections; \$90.00 will be charged for missed Extended Office Visit appointments; \$110.00 will be charged for missed Physical Examinations, Carotid Ultrasound, Echocardiogram. Stress Echocardiogram and Exercise Tolerance Test (ETT) appointment \$350.00

COLLECTION

In the event that legal action becomes necessary to collect unpaid balances for medical services, you agree to pay reasonable attorney's fees and court costs.

We appreciate you taking the time to read and understand our financial policy. If you have any questions, please ask to speak with the Office Manager or Financial Manager.

****Required Consumer Disclosure (per CA SB 1061) NOTICE TO CA CONSUMER:** A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

PATIENT SIGNATURE

DATE