

Eastern Cardiology Financial Policy

Thank you for choosing Eastern Cardiology as your healthcare provider. Our goal is to provide our patients with excellent cardiovascular care. As part of our professional relationship with our patients, please understand that payment is expected at the time the services are rendered. The following information is our practices Financial Policy. Please read the policy and acknowledge that you have read and understand this policy by signing and dating this document prior to receiving care from our providers. Thank you for helping us to keep your cost as low as possible. For your convenience, we do accept cash check money orders and credit cards.

Patient responsibilities—As a patient, it is your responsibility to:

Always bring your current health insurance card to your appointment. If your coverage cannot be verified, you will be responsible for payment at the time of service.

Notify us of any changes in insurance, address, telephone or family status at the time of check in. We request that you notify us immediately if your address changes so that we can update our records.

Pay your copay, coinsurance, and or deductible at the time of service.

Pay your bill in full if you do not have insurance, your health plan does not list us as a participating provider, or you are unable to present a valid insurance card or your insurance coverage cannot be verified.

Additional Fees: that are not billed to your insurance company that are your responsibility include but are not limited to:

Returned checks are subject to a \$35 fee. We will only accept payment by cash or credit card until your balance has been settled.

If you miss your appointment for your nuclear stress test without notifying us at least 24 hours in advance, your account may be subject to a \$285 fee. This covers the cost of the medication that was ordered in advance for your test that cannot be returned for credit.

We charge a minimum fee of \$30 to complete patient forms such as FMLA, disability, insurance forms, etc.

Diagnostic Testing/Procedures:

Certain diagnostic tests or procedures may be required for your care. These tests include but are not limited to echocardiogram, exercise stress test, nuclear stress test, and cardiac catheterization. We will make an estimate of these fees so that you can determine your estimated portion in advance. This amount is only an estimate. We require a deposit or down payment of at least 20% of your estimated fees to be paid on or before the time of service. We try to determine the cost of these procedures up front so that you are informed in advance and can play an active role in your treatment plan.

Insured Patients:

Our relationship is with you as our patient and not with your insurance company. As a courtesy, we will accept assignment of your insurance and file claims directly to your insurance carrier on your behalf. This is with the understanding that any unpaid balances not covered by the insurance company are your financial responsibility. This includes copays, coinsurance, deductible and non-covered amounts. We will send a statement of any unpaid balances within thirty days. If you have any questions concerning your account, please contact us immediately at (252) 757-3333. If you have any questions concerning your insurance coverage, please contact your insurance carrier directly. If you are not able to pay your balance

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in full, you must contact our office to set up a payment schedule. Patient balances not paid in full within 60 days of the statement date or without acceptable payment arrangements will be considered past due. If your account becomes past due and remains unpaid for more than sixty days, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collections cost including any collections fees that may be added to your account. Past due accounts must be taken care of by payment in full or by establishing a payment plan prior to being seen.

Uninsured Patients:

If you are not covered by any type of insurance plan you are responsible for payment for services rendered at the time of service. If you are unable to pay your visit in full, we require a minimum payment of \$380 due at the time of service prior to seeing your provider. Your payment of \$380 will be applied towards the cost of your visit for that day. Additional fees over this amount will be billed to you within 30 days. If your balance is not paid in full within 60 days of the statement date or without acceptable payment arrangements you will be considered past due. If your account becomes past due and remains unpaid for more than sixty days, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs including any collection fees that may be added to your account. Past due accounts must be taken care of by payment in full or by establishing a payment plan prior to being seen.

If you have an outstanding balance that is not pending with insurance and you have not been set up on a payment plan, you will be required to meet with our patient representative prior to being seen by our providers to establish a payment plan. If you fail to maintain your monthly payment schedule for more than 60 days you will be turned over to an outside collection agency. It is your responsibility to notify us in the event your contact information changes. If you have moved with no forwarding address registered through the US Postal service and fail to notify us after two billing cycles, your account will be turned over to an outside collection agency to locate you.

We do understand that healthcare costs can sometimes be unexpected or untimely. We do offer monthly payment plan options to assist you. Please ask to speak to one of our financial counselors if you wish to exercise this payment option or if you have any questions concerning this policy.

Patient's Name (Please print)

(Date)

Patient's Signature