



Advanced Heart and Vascular Medicine

Diagnostic and Interventional Cardiology
1631 11th St, Suite A, Wichita Falls, TX 76301
(Office) 940-263-3003 (Fax) 940-263-3009

Financial Policy

Advanced Heart and Vascular Medicine, PLLC thanks you for selecting us to provide your cardiology services. We value the trust you have placed in us. We hope that this summary of our Patient Insurance and Payment Policy will provide the information needed to clearly understand your financial responsibilities.

Proof of Insurance. We ask that you present your insurance card at every visit. If you fail to provide us with the correct insurance information at each visit, you may be responsible for payment for all services provided.

- ❖ We are contracted with most insurance plans. If you are not insured by a plan we are contracted with, payment in full is expected at the time of service.
- ❖ Your health insurance contract is between you and your insurance company. Knowing your insurance benefits is your responsibility. Any questions or complaints regarding your coverage should be directed to your insurance carrier.

Co-Payments. Your insurance company requires the physician office to collect co-payments at the time of service. In order to comply with these contracts, your co-payment, deductible, and co-insurance are due at the time of service. Initial _____

Co-Insurance. Your insurance benefits may include a co-insurance which is due at each visit. An example may be an 80/20 plan, which would require 20% of the allowed amount to be paid at the time of service. Initial _____

Deductible. Your health insurance company may have a deductible or a set amount due from you prior to your insurance covering any service, which is due at time of service. Initial _____

Non-Covered Services. Please be aware that some of the services you receive may be non-covered or not considered necessary by your insurer. You must pay for these services in full prior to receiving these services. Initial _____

Hospital Services. Our office will submit claims for the professional charges (physician fees) during hospital stays or for reading cardiology tests (EKG, echocardiogram, etc.). These charges do not include hospital charges, outside lab charges or other specialty physician fees. You will receive a separate statement from the hospital, lab, etc.

Non-Emergent Procedures (Scheduled Procedures in our office and at the Hospital). Non-emergent services will require co-payments, deductible, and co-insurance amounts. The patient due amounts are due prior to services rendered. Our billing department is available to help determine your patient due balances prior to service. Please call 940-263-3003 for assistance. Services that require a prior

authorization may be rescheduled if your insurance company does not complete the authorization prior to the scheduled procedure. Initial _____

Claims Submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to directly supply certain information. It is your responsibility to comply with their request.

Patient Due Balances. You will receive a monthly statement for all patient due balances. The balance is due upon receipt of the statement. Accounts with no payments for 60 days may be referred to a collection agency. Balances in collection must be paid prior to the next scheduled appointment or the appointment will be rescheduled.

Self-pay. Our office offers a 20% discount to uninsured patients if the balance is paid at the time of services rendered. If you are unable to pay for your visit in full, we require a minimum payment of \$200 at time of service. Your payment of \$200 will be applied towards the cost of your visit and the remaining balance will need to be setup on a payment plan.

Payment Plans. The Business Office may establish monthly payment plans for you on balances greater than \$150.00. You can mail payments by check or credit card, pay online through our patient portal, or pay automatically with our "credit card on file" option. With your authorization, you can have payments automatically charged to your credit card. Please speak with the billing department for details of our payment plan options.

Credit Cards. As a convenience, we accept Visa, MasterCard, Discover and American Express. Advanced Heart and Vascular Medicine, PLLC is committed to serving our patients as well as working within their financial needs. The billing department is available to answer any questions regarding fees, payments, policies, or our insurance filing procedures. Please call (940) 263-3003 anytime between 8:00 am to 5:00 pm, Monday through Friday.

By signing below, you acknowledge receipt and understanding of Advanced Heart and Vascular Medicine's Patient Insurance and Payment Policy.

Signature of patient/responsible party

Date