

Cardiac Care Group, LLC

FINANCIAL POLICY

In compliance with the Federal consumer Protection Act, Cardiac Care Group, LLC is furnishing you with information regarding your financial responsibilities.

Welcome! We are pleased you have chosen Cardiac Care Group, LLC for your specialty healthcare needs. We'd like to familiarize you with how our services are billed, which insurance claims we file on your behalf, when we request payment from you and our credit policies. It is our belief that the best service is possible when there is a mutual understanding between you and the physician. We ask that you take the time to read our policy so we can avoid any misunderstandings. If you have any questions our billing department will be happy to discuss them with you.

Insurance

Cardiac Care Group, LLC participates in many PPO and HMO plans, as well as other commercial insurance products and Medicare/Medicaid. All co-pays are due at the time services are rendered.

If you have an indemnity plan (80/20) and your deductible has been met we will file for you. You will be responsible for you 20% at the time services are rendered. If your deductible has not been met, payment in full is required at time of service.

After 30 days all unpaid balances will be transferred to your responsibility.

Please direct questions to a billing representative.

Note: Even though we may participate in your insurance program, some charges may always be your responsibility. It is always your responsibility to make sure appropriate authorization has been obtained for procedures and/or hospitalizations when necessary. If your insurance company refuses to pay for services due to lack of an authorization you will be responsible for these non-covered charges.

It is always your responsibility to understand that our office cannot accept responsibility for payment or nonpayment on your insurance claims. Questions about coverage and benefits are between you and your insurance company.

For patients not covered under any billable plans, we require payment at time of service.

Billing

We will furnish you with a monthly statement of your account showing the amounts billed to you and any payments received on your account. This monthly billing will also provide you with a detailed aging of how long balances have been outstanding.

Payment can be made in cash or by check from a local bank. We also accept Master Card, visa and American Express.

Credit Policy

In cases of hardship we may agree to set up a payment schedule for patient balances due. All payment plans are arranged on a case by case basis. Please speak with a Manager or billing representative if payment arrangements are necessary.

Collection Policy

Payments for services which have been billed to you are due in full within 30 days of receipt of your billing statement. If you fail to pay within a reasonable amount of time or cooperate with the terms of an agreed upon payment schedule your account may be turned over to an outside agency for resolution. Any and all fees that are incurred by Cardiac Care Group, LLC associated with the collection of your account will be charged to your account and are your responsibility.

Refund Policy

Overpayments to your account will be refunded to you within 30 days of overpayment, provided your account has a credit balance. If there is an outstanding balance due on your account all credits will be applied to that balance prior to issuing a refund.

In order to avoid problems due to delayed mail please notify us of any change in status such as name, address, phone number or insurance coverage.

Date

Signature