

PATIENT FINANCIAL POLICY

Our primary concern at the La Jolla Cardiovascular Research Institute is to provide you with an extraordinary health care experience. We consider every service you will receive to be medically "reasonable and necessary". As a patient you are ultimately financially responsible for the medical services you receive. You are responsible to furnish us with accurate and up to date insurance information. In addition, it is your responsibility to know your insurance benefits, including coverage for office visits.

We participate with several commercial PPO/POS plans and Medicare. If you are insured with a PPO/POS plan or Medicare, we can bill your insurance for the contracted rates of reimbursement. Unfortunately, we are unable to verify in advance whether charges for these services will be covered or denied by your insurer.

This statement explains our third party billing and reimbursement policy including any potential patient responsibility that may result from submitting insurance claims.

If you have Medical Insurance:

- We will submit insurance claims for services rendered to your insurance plan as authorized for the contracted rates of reimbursement
- We cannot guarantee benefits or amounts covered, and deductibles and co-insurance vary by policy
- You are responsible for co-pays, co-insurance as well as deductible.
- Any co-payments are due on the day of service.
- You may be responsible for preauthorization of certain services and/or referrals
- It is our policy to send 2 statements for past due accounts. If payment is not made a courtesy call will be made to try to make payment arrangements. If it is not resolved, the account will be sent to a collection agency.

If **you do not have insurance coverage** on the date of service, the entire cost will be collected at the time of service, or we can make payment arrangements. You may be charged for Completion of Forms i.e., (Disability, DMV) and Copying of Records. The fee will be set at the time of the request.

Checks returned by bank for any reason will be assessed an additional \$30 dollars. Any payments received after this point must be paid in cash, money order, or credit card. A fee of \$50 will be charged for missed appointments or appointments not cancelled within 24 hours prior to the scheduled visit. You will be asked to pay this fee at the time of your next appointment. Payment methods include check, cash, credit card and money order. Payment is due within 30 days of invoicing.

Your signature below indicates you have read and agree to the terms of this financial policy:

Signature _____ **Date** _____