

Hillsboro Cardiology Financial Policy

It is your responsibility to pay your balance within 30 days of your first statement unless arrangements have been made with the business office. Your account is considered past due if not paid within 30 days from statement date. Statements are sent once a month. There is a \$10.00 rebilling fee added to your outstanding balance if subsequent statements are required.

If you do not have insurance, payment in full is expected at the time of your initial appointment.

Insurance is a contract between you and your insurance company. We will bill your insurance as a courtesy to you as long as complete and accurate insurance information is provided to us at each visit. You agree to pay any portion of the charges not covered by your insurance. Copayment is due at the time of service. It is your responsibility to know your insurance benefits and plan limitations. Our business office is happy to assist you with estimates, however; the ultimate determination is made by your insurance company based on your specific plan provisions and limitations in effect at the time services are rendered.

If your insurance company requires a referral, you are responsible for obtaining it. Failure to obtain a referral may result in lower payment or denial from the insurance company and higher out-of-pocket expenses.

Fees:

• If you do not attend your appointment and have not called to cancel or reschedule with at least 24 hours of notice, the following fees will apply:

Missed office appointments = \$100.00

Missed procedure appointments = \$200.00

Payment for missed appointments are your personal responsibility, as insurance companies do not provide coverage for this type of fee. Missed appointment fees are due and payable within two (2) weeks, or at the time of your next scheduled appointment, whichever occurs first. Failure to issue payment for your missed appointment fee(s) may result in cancellation of your future appointments.

- A fee of \$35.00 will be assessed for any returned checks from the bank.
- A fee of \$30.00 will be charged for records requested for personal use or medical release. This fee is due and payable prior to release of records.
- A fee for completion of forms will be assessed at \$25.00. This includes completion of any form, including but not limited to: return to work, disability, etc. This fee is due and payable prior to release of completed forms.
- If a repeat statement must be sent to you due to non-payment, there is a \$10.00 rebilling fee added to your outstanding balance.
- If your account is delinquent and your account is transferred to a collections agency there is a \$75.00 processing fee added to your outstanding balance.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein, and the agreement will be in full force and effect.

Patient's Name: _____

DOB: _____

Responsible Party: _____

Signature: _____

Date: _____