



OUR FINANCIAL POLICY

I acknowledge my financial responsibility to Atlanta Cardiology Consultants, P.C. for professional services rendered. I authorize Atlanta Cardiology Consultants, P.C. to furnish information to my insurance carrier concerning my health and/or treatments. I understand that Atlanta Cardiology Consultants, P.C. may file my insurance claim, and that this will be done in good faith and using appropriate diagnosis codes. I further understand that once this claim has been filed these codes can only be changed if there was an error in posting. Under no circumstances will CPT codes or diagnosis codes be changed at the patients request, as this may constitute fraud. All coding changes have to be approved by the physician and have to support medical guidelines.

Please be advised that all procedures performed at Atlanta Cardiology Consultants, P.C. are subject to the requirements of your insurance company. It is the patients' responsibility to understand the provisions of their insurance carrier. Essentially your insurance coverage is an agreement between you and your insurance carrier. We will help expedite your claim, but you are ultimately responsible for timely payment on your account.

You must realize:

- It is solely the patient's responsibility to confirm participation of Thomas S. Backer, M.D. / Katie Steffen, MMSC PA-C / Atlanta Cardiology Consultants, P.C. with your insurance plan.
- **It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered. If the insurance requires referral, authorization, preauthorization or precertification prior to being seen or prior to having a procedure done, it is the responsibility of the patient to obtain such. NONPAYMENT OF SERVICES FOR FAILURE TO OBTAIN AN AUTHORIZATION, PREAUTHORIZATION REFERRAL, OR PRECERTIFICATION WILL BE THE RESPONSIBILITY OF THE PATIENT.**
- **It is your responsibility to keep us updated with your correct insurance information.**
- **IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.**
- You are responsible for any and all co-payments, deductibles, and coinsurance as required by your insurance plan.
- Co-payments are due at the time of service, a \$20.00 service fee will be charged in addition to your co-payment if the co-payment is not paid at the time of service.
- Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* ten (10) business days of receipt of your bill.
- If we do not participate in your insurance plan, payment in **FULL** is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- Self-pay patients are expected to pay for services in **FULL** at the time of the visit or when services are rendered
- Your insurance is a contact between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary, and in some instances, you will be responsible for these amounts. We will make every effort to ascertain your

coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.

- Prior balances must be paid before your next scheduled appointment.
- If you participate with a high deductible health plan, be prepared to pay your deductible amount prior to your appointment, we will collect deductible's prior to check in.
- We accept cash, checks, Visa and MasterCard, and debit cards.

Medicare:

Our office accepts Medicare assignment. **We do not file secondary insurance.** Most secondary insurance carriers will automatically crossover from Medicare, it is the patient's responsibility to contact their secondary insurance carrier and request that this "automatic crossover" be setup.

Please Note:

Interest of 1% per month will be charged on all patient due balances that are 60 days past due until the balance is paid in full.

A fee of \$25.00 will be charged to patient account for all returned checks, plus any bank fees incurred.

We require 48-hour notice for canceling any appointments. A fee of \$50.00 will be charged to patient account for any cancellations with less than 48-hours notice. Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in your dismissal from the practice.

Collections:

If necessary, any outstanding balance (**more than 60 days past due**) may be turned over to a collection agency or attorney at law for collection purposes. In such circumstances, the patient is fully responsible for payment of all remaining balances, legal or collection fees, plus interest as provided in O.C.G.A. 7-4-16.

Thank you for your cooperation,

Print Name

Responsible Party Signature

Date