

FINANCIAL POLICY

Halifax Heart Center

It is the policy of Halifax Heart Center to have a financial policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care in a comfortable, personal and cost effective manner.

Payment at the time of service is expected

Payments made to Halifax Heart Center may be made by cash, check, or credit card. Patients seen at the practice for their first visit are required to pay their responsible balance in full. All co-insurance and deductible amounts are due at the time of service. We do our best to include all charges at the time of service. Occasionally, charges may be added or modified after your visit.

Insurance Billing

Our practices participate with numerous insurance companies. For patients who are beneficiaries of one of these insurance companies, our offices will submit a claim for services rendered. You are expected to pay any deductible, copayment, or the balance of any non-covered services at the time of visit. We expect payment in full within 60 days for services billed to insurance. **It is your responsibility to pay any balance older than 60 days** and to follow up with your insurance company for reimbursement. If we receive a payment from your insurance company after your balance has been paid, we will issue you a refund. **It is your responsibility** to contact your insurance if a claim is denied, paid at a lower rate than you expected or if it is not paid within 60 days. If we have made an error, we will gladly resubmit a corrected claim. If a patient has insurance in which we do not participate, our office is happy to file the claim upon request; however payment in full is expected at the time of service.

Third Party Litigation

Our office will not become involved in disputes arising from Third Party Claims (i.e., automobile accidents, liability claims, Worker's Compensation) with the exception of Medicare or Medicaid.

Credit

- Patients who are financially able are expected to pay for medical services. Special consideration will be made to patients who are financially unable to pay for medical services. Budget and payment plans are available for accounts based on individual needs.
- Financial assistance is available for qualified patients. If you feel that you may qualify for assistance, please notify the front office staff.
- Adequate information will be obtained on each new patient so that the account can be processed properly.
- Details of when and how the fees for services are to be paid will be on an individual basis.
- Itemized bills are available per patient/guarantor request
- After carrying out all our policies on granting credit, we will take the necessary steps within the realm of ethical medical public relations to seek payment from those who are able to pay. We do this in fairness to our patients who pay their accounts.

Overdue Accounts

Payment of \$10.00 may be required on past due accounts prior to any non-in-house services, (i.e., prescriptions, school or work excuses). Accounts over 60 days past due require at least 10% of balance to be paid at the time of service. Accounts with balances over 90 days will be turned over to a collection agency unless you are making timely payments on an approved payment plan. Once an account has been referred for collection, the doctor-patient relationship for medical services can continue with timely payment for medical services.

Credit Balances/Refunds

Patient refunds will not be processed until all active or past due accounts are paid in full. Refunds less than \$15.00 will not be refunded unless specifically requested by the patient/guarantor or insurance company.

FINANCIAL AGREEMENT

- I have read the policies above and understand them.
- I agree to promptly pay all fees and charges for treatments provided to me and/or my family.
- All insurance payments for services rendered are assigned to this office.
- I understand that it is my responsibility to contact my insurance company should a claim be denied or not paid in full.
- I promise that I will pay all charges in full within 60 days after receipt of insurance payment.
- I understand that charges may occasionally be added or modified by my clinician.
- I understand that I am financially responsible for all charges, whether or not they are covered by my insurance.
- I authorize this clinic to release to my insurance carrier any medical information needed to obtain payment for services rendered.
- I understand that if I disagree with any charges, I will contact this office in writing within 30 days of the billing date.
- If my outstanding balance has to be referred to a collection agency or attorney for collection, I agree to pay all reasonable collection costs including late charges, interest, court costs and/or attorney's fees.
- I authorize Halifax Heart Center and its agents, the use of any telephone number including wireless numbers, provided to them or published, to message or contact me regarding my accounts.

NOTICE

Do not sign this agreement before you read and agree to the conditions set forth above. You should keep a copy of this agreement for your records.

Signature _____ Date _____
Responsible Party