

CARDIOTHORACIC & VASCULAR ASSOCIATES

FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT

Dear Patient:

Thank you for choosing the physicians at Cardiothoracic & Vascular Associates as your healthcare provider. We appreciate the opportunity to provide you with professional specialized care.

The following is our financial policy. We believe having financial matters clear from the onset is preferable to encountering difficulties later on. If you have any questions or concerns about our payment policies, please do not hesitate to talk with our billing department.

Payment for services is due at the time service is rendered. We accept cash, checks, debit cards, MasterCard, Visa and Discover. We will submit an insurance claim on your behalf if we have all your insurance information. If your insurance carrier changes, please notify the Billing Department immediately.

You must understand the following:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you—not your insurance company. Please make sure our receptionist has all of your correct information on file when you sign in at each visit.
2. Prior to your surgery you will meet with our patient representative to review your surgical charges. Please understand this is only an estimate and your procedure could change once the physician begins the surgery. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles, coinsurance and co-payments, are due at the time of treatment.
3. You are responsible for knowing your insurance benefits. Does your insurance require a referral? Do our physicians participate in your plan? What facilities participate in your plan? If we can be of any assistance, please let us know and we will be happy to help you.
4. Accounts not paid within 90 days may be forwarded to a billing company where additional fees may be accrued.
5. CVA reserves the right to charge a \$20 service fee for checks returned due to insufficient funds.
6. If you have inadequate or no insurance coverage, advance planning for payment before surgery will be required. The fee for surgery will normally include your postoperative office visits for a period up to 90 days.
7. You are responsible for any and all collection fees, legal fees and court costs associated with efforts to collect payment on your account.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems with our Billing Department so that we can assist you in the management of your account.

Print Patient Name

Date

Patient Signature