



FINANCIAL POLICY

Insurance Policies:

All copays and past due balances are expected at the time of service. If your copay is not paid at check in, we reserve the right to charge a \$10.00 administrative fee.

We will, as a courtesy, file insurance claims that we participate with on your behalf. Please note that if your insurance company fails to pay your claim in a timely manner it will become your responsibility. If you fail to provide us with the correct insurance policy, and we cannot file claims due to the 180-day commercial insurance timely filing limit, these charges will be your responsibility. Secondary claims will be filed once, and we will only file to those carriers we participate with.

Self-Pay:

You will be considered a "Self-Pay" patient if you do not have insurance or carry an insurance we do not accept. Our list of accepted insurance plans can be found on our website. We offer a 50% "Prompt Pay" discount for self-pay patients with no insurance. Payment is due the date services are rendered.

NSF Checks:

A returned check fee of \$25.00 will be added to your balance for NSF fees. We will no longer accept a check as payment on your account after a check is returned.

No Show Fees:

Please understand when you do not show up for your appointment, or do not provide us with 24 hours notice to cancel, it prevents another sick patient from receiving care. If you do not contact our office within 24 hours of your appointment, no show/cancellation fees will be applied to your account. You may cancel by phone or via the MyChart Patient Portal. Please refer to in office procedure documents for procedure specific cancellation fee details.

\$50.00 for Office Visits / \$100.00 for Diagnostic Testing Visits

Surgery Deposits:

We verify benefits for all hospital surgeries and extensive in-office procedures. You will be notified of your estimated financial responsibilities before treatment, and **payment is expected before your procedure is performed.**

Medical Records:

Medical records can be obtained for a nominal fee. Medical records to another physician are sent directly at no cost. Please see a Patient Representative for more details.

High Deductible Health Plan Deposits for Testing:

If you have a high deductible health plan, and you have not met your deductible, we will collect the below fee(s) at the time of your visit. We will then submit the remainder to your insurance company for processing. You will receive a bill in the mail for any remaining amount due.

\$100.00 for Diagnostic Testing / \$250.00 for Nuclear Stress Testing

I understand that I am responsible for my bill, regardless of insurance coverage. If my account should become delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee. I hereby authorize release of my medical information to my insurance company/companies and authorize payment directly to Cary Cardiology, P.A.

Signed: _____ Date: _____