Valley Heart Associates
KLEE & STEVENSON

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Financial Policy and Patient Responsibility

We are committed to providing our patients with the highest quality care. We thank you for taking the time to read and understand our policy.

Please be aware that due to current federal regulations, we are obligated to collect all applicable co-payments, co-insurance, and deductibles for all services. To assist you in understanding your financial responsibilities, please refer to the following:

PATIENT RESPONSIBILITY

- To know their insurance policy. Patients should be aware of their benefits coverage including which physicians are contracted with their plan, covered and non-covered benefits, authorization requirements, and cost share information such as deductibles, co-insurance, and co-pays. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- Your current insurance card is required at the time of each visit at check in. It must be on file for us to bill your insurance. If we do not have your card on file, you will be treated as a self pay patient, and our fee is expected at the time of service. When the card is furnished, we will file your insurance and reimburse you after your claim has been paid.
- Our insurance contracts require us to collect co-pays and co-insurance at the time of service.
- Deductible and co-insurance amounts not covered by their supplemental insurance plans are patient responsibility.
- A sixty (60) day period, from the billing date, will be extended for pending insurance payments, after which the patient may be held responsible for the balance.
- We require a twenty-four (24) hour notice for Nuclear Stress Test cancellations. There is a $100 fee for any appointment missed.
- There is a $25 charge for the completion of each form that you may require. We require a minimum of 5 days to complete these forms. Payment is expected at the time the service is requested. We will notify you when the form is completed.
- There is a NSF (non sufficient funds) fee of $25 plus the fee the bank charges.
- For appointments cancelled with less than 24 hours notice, a cancellation fee of $25 could be applied to your account.

PATIENT POLICY AKNOWLEDGEMENT:

I have read and understand the about financial policy. I understand that, regardless of my insurance claim, status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered. I understand that payments may be made with cash, check, or credit card.

Patient Name (Please Print)	Signature
Date of Birth	Today's Date