

Acknowledgement of Office Financial Policy

We would like to thank you for choosing Cardiology Associates of Princeton as your provider. As one of our patients we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

Payment

Payment is expected at the time of service. This is your insurance companies rule. This includes co-payments, co-insurances and often deductibles. We accept cash, checks, credit & debit cards. There will be an additional \$10.00 fee if payment is not made at time of service. There will be a \$30.00 returned check fee. Patients with outstanding balances more than 90 days will have their accounts frozen and sent to collections. You will not be able to schedule an appointment until payment is made in full. Patient's are responsible for any changes or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or contractual agreement.

No Show/No Calls

There is a \$25 fee for all No Show visits & cancelations made less than 24 hours in advance of your appointment. There is a \$250.00 No Show fee for any cancelations of nuclear stress test made less than 24 hours in advance of your appointment.

Insurance

You must present your insurance card at the time of every visit. We participate in most major health plans as well as Medicare and Managed Care Plans. Our billing office will submit claims for any services rendered to a patient who is a member of these plans to get these claims paid. It is the patient's responsibility to notify us of any changes in insurance coverage and any secondary insurance at the time of check in. If there is a balance after we have submitted your claim it is the patient's responsibility to pay the balance within 30 days of claim decision. Having insurance is not a guarantee of payment and eligibility does not negate the patient's responsibility with regards to the plan policy or guidelines. If you are insured by a plan we participate in but don't have an insurance card with you payment in full is due at time of service.

Referrals

The patient is responsible to know if their insurance requires a referral. If your plan requires a referral one must be available and valid prior to your visit. Otherwise the visit will be considered self pay and a waiver signed prior to seeing one of our providers. Retroactive referrals will not be accepted.

I have read and understand this policy and agree to comply and accept financial responsibility for any payment that becomes due as outlined previously.

Date: _____

Patient Name: _____

Responsible Party Name: _____ Relationship _____

Responsible Party Signature: _____