

# CAMP LOWELL CARDIOLOGY

## Financial Policy

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Thank you for choosing Camp Lowell Cardiology as your health care provider. We are committed to the success of your treatment.

### FINANCIAL POLICY:

- ◆ Patients with no insurance are expected to pay at the time services are rendered.
- ◆ It is the responsibility of the patient to present current identification and insurance cards at the time of visit. For all subsequent visits the patient will need to present these cards.
- ◆ It is the responsibility of the patient to confirm network status with their insurance company. Please contact your insurance carrier prior to your appointment if you have any concerns about your coverage and/or benefits.
- ◆ If your insurance carrier requires a referral, it is your responsibility to ensure the office has received one prior to your appointment.
- ◆ As a patient of Camp Lowell Cardiology, you are responsible for all charges associated with your treatment. All co-payments are due upon check in for contracted insurances. We accept Checks, Cash, Visa, Mastercard, Discover, American Express and money orders as a form of payment.
- ◆ Camp Lowell Cardiology contracts with many insurance carriers. As a courtesy to our patients, we will bill your insurance company.
- ◆ Camp Lowell Cardiology requires at least 24-hour notice for all cancellations. There be a \$50.00 fee for a missed office visit. Nuclear exams carry a \$100.00 fee and Echocardiograms have a fee of \$50.00 for missed procedures. ***After two missed appointments or frequent cancellations, patients may be discharged from practice.***
- ◆ Camp Lowell Cardiology will assess a \$45.00 fee on all returned checks.
- ◆ Nonclinical administrative fee of \$30 will be charged for completing special documentation services at the request of the patient.

### BILLING ERRORS:

- ◆ Inadvertent billing errors may occur; we do our best to correct problems as quickly as they are brought to our attention. If you feel there is a billing error on your account, please contact our billing office directly at 520-322-2251.

### STATEMENTS:

- ◆ Payment is due upon receipt of statement. Camp Lowell Cardiology offers payment plans at the discretion of the practice for balances of \$300.00 or more.

### ASSIGNMENT OF INSURANCE BENEFITS: Patients with insurance please read and sign below:

*I hereby assign all medical and/or surgical benefits to Camp Lowell Cardiology. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand I am financially responsible for all charges whether paid by my insurance carrier. I understand that I am ultimately responsible for my health care and follow-up appointments are important to my health care. I understand that I must assume the health consequences of missed follow-up care. I hereby authorize **Camp Lowell Cardiology** to release all information necessary to secure payment. I have read, understand, and agree to the above financial and health care policy for payment of professional fees. I understand that I, as the patient, am ultimately responsible for payment of all professional fees.*

Signature Print Name Date

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