



## FINANCIAL POLICY

Thank you for choosing Florida Heart Associates, P.L. as your cardiology providers. We are committed to the success of your treatment and care. Please understand that payment of your account is part of this process. The following is our financial policy. Please read this information and let us know immediately if you have any questions regarding the information. Thank you

### **PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED:**

At the time services are rendered, we will collect your co-payment or co-insurance, as well as any balance due from a previous date of service. We accept cash, checks, credit cards, as well as Debit cards. We also offer the convenience of making your balance payment online at [www.flaheart.com](http://www.flaheart.com).

We accept Medicare assignment. We also participate with specific commercial insurance plans, Medicare "Replacement" plans and networks. Please ask our office if we participate with your insurance provider. We make every effort to comply with the terms and conditions of the plans with which we do business. However, it is solely your personal responsibility to determine whether your insurance company participates with Florida Heart Associates, P.L., or with any laboratory, radiology, hospital or other facility at which medical services may be scheduled on your behalf. Florida Heart Associates, P.L. assumes no financial responsibility for charges related to services rendered at non-participating facilities.

### **INSURANCE CLAIMS:**

As a courtesy to you, if Florida Heart Associates, P.L. is a participating provider with your insurance plan, we will file your insurance claim for you. Your insurance company makes the final determination regarding your eligibility and benefits. You agree to pay any portion of the charges that are not covered by your insurance company. If we are not participating with your insurance plan, we may file the initial claim but, if payment is not received in 45 days, we will transfer the unpaid balance to you and require you to pre-pay for any future services before they are rendered.

### **RETURNED CHECKS:**

We charge a \$25 fee all returned checks.

### **PAST DUE BALANCES:**

In the event that payment is not made within 90 days of the first statement date, the Guarantor understands that the account may be referred to an outside collection agency. The Guarantor agrees to reimburse Creditor for the original debt, as well as any and all associated Collection Agency Fees, up to a maximum of 25%, and reasonable attorney's fees associated with collection efforts.

### **WORKERS' COMPENSATION/PERSONAL INJURY/AUTO ACCIDENT:**

We DO NOT file elective, non-emergent, claims to worker's compensation, personal injury attorneys, or automobile insurance companies. Hospital claims will be filed as required under Florida state law. Unpaid balances remain the responsibility of the patient.

### **APPOINTMENTS:**

We understand that unexpected circumstances can sometimes interfere with your scheduled appointment; however, you are responsible for contacting the office to cancel your scheduled appointment at least 24 hours before the scheduled service to avoid a late cancellation fee added to your account.

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I have read and understand the financial policy of Florida Heart Associates, P. L. physicians. I agree to abide by the terms and conditions contained herein.

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's (Guardian's) Signature: \_\_\_\_\_

Date: \_\_\_\_\_