

## 05 - 2013 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 policies.*

### It is the "Patient's" Responsibility:

- **To know their insurance policy.** Patients should be aware of their benefit coverage including which physicians are contracted with their plan, covered and non-covered benefits, authorization requirements, and cost share information such as deductibles, coinsurance and copays. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- **To obtain a referral from their Primary Care Physician (PCP) prior to receiving services.** Any non-covered services are the financial responsibility of the patient.
- **To pay any Medicare deductible and co-insurance amounts not covered by their supplemental insurance at the time of service.**
- **To pay their patient responsibility amounts at the time of service.** Please help us continue to keep patient care our FIRST priority by promptly paying your patient responsibility amounts (*copays, deductibles, cost shares, coinsurance amounts, etc.*) at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copays (*and other patient responsibility amounts*) can be considered fraud and we can be held in violation of our insurance contracts. A late charge of 1.5% per month (*or 18% per annum*) on unpaid patient balances will be added to accounts not paid within 90 days of receipt of insurance payment. A Collection Fee of 50% will be added to your account balance if your account is transferred to collections for non-payment.
- **To be an advocate in assisting our office with claims payment** by contacting your insurance carrier when claims have not been paid within a reasonable time frame OR when you are asked to assist us.

### It is the "Provider's" Responsibility:

- **To provide quality medical care.**
- **To file insurance claims.** CardioJost, Inc. (*dba: Southwest Cardiovascular Associates*) will file a claim with primary and, as a courtesy to our patients, secondary carriers only. We cannot afford to file claims for third, fourth or fifth insurances any longer. A 30-day period will be extended for **pending** insurance payments, after which the patient may be held responsible for the balance.

### Additional Practice Related Fees:

- **Missed Appointments and 'No Shows':** Varying fees will be charged for any and all missed appointments (*failure to provide cancellation notice of more than 1 business day*). The amounts that will be charged will be subject to change.
- **Requests to complete LIFE, DISABILITY, FMLA and other forms:** \$25.00 per each ½ hour (*administrative fee*).
- **Co-Pays and Co-Insurance:** These are due at the time of service. A \$10.00 administrative fee will be added to any account when this is not paid at the time of service.  
(*All fees listed above are subject to change*).

### FINANCIAL POLICY ACKNOWLEDGEMENT

(Mandatory for All Patients)

†By signing my name below, I acknowledge that I have read and understand the updated 2013 Financial Policy of CardioJost, Inc. (*dba: Southwest Cardiovascular Associates*) as well as the cover letter attached. 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 can be made by cash, check, MasterCard, Discover or Visa. I agree that if my account is referred to a collection agency or attorney I will be responsible for all costs of collection on my account including attorney's fees, and any interest on money due. The charge for NSF funds is \$35.00.

### RELEASE OF MEDICAL INFORMATION AND ASSIGNMENT OF BENEFITS

(Mandatory for All Patients)

†By signing my name below, I authorize the release of medical information necessary for filing health insurance claims for me by CardioJost, Inc. (*dba: Southwest Cardiovascular Associates*). I also authorize my insurance carriers to make payments directly to these companies.

\_\_\_\_\_  
PATIENT NAME

†

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

# SOUTHWEST CARDIOVASCULAR ASSOCIATES

CARDIOJOST, INC.

## 10 - 2013 FINANCIAL POLICY - COVER LETTER

~ PATIENT COPY ~

Dear Patient,

It is our goal is to provide you with excellent medical care and patient services. We feel it is important for you to review the attached financial policy very carefully.

If you have an outstanding balance due on your account, upon each office visit (*prior to testing*) we will review your statement with you. We will ask you to pay any co-payments, deductibles, coinsurances and/or cost share amounts that are due on your account at that time. In addition, we will request you update your demographics, insurance cards and health information. This process will help to improve your quality of patient care.

Our policy states that any patient balance remaining after insurance, must be paid in full within 30 days of the first statement. Specific payment arrangements must be made *prior* to any testing with a billing representative. All co-payments, deductibles, coinsurances and/or cost share amounts must be paid before any additional services will be rendered.

If you have, any questions call us at 480-945-4343 before your appointment and speak with a billing representative.

### **IMPORTANT NOTE:**

We have recently revised our policy on the billing of secondary/supplemental insurance policies. We are required to bill your primary insurance. However, please be advised that we are **not** required to bill your secondary/supplemental insurance policies (*except when Medicare is secondary*). Please understand that we bill secondary/supplemental insurance only as a courtesy to our patients. If your secondary provider allows for Medicare claims to transfer electronically and for us to bill electronically, we will send one claim to the secondary/supplemental insurance. If the secondary/supplemental insurance is not paid within 30 days or if we receive any type of denial from them, we will be sending the remaining balance to you and/or ask you for it when you come in to the office.

We will no longer bill more than two insurances on any account – it is simply too expensive. Patients who have third, fourth or fifth insurance plans must file claims directly with their own insurance companies.

We hope this brief overview is helpful for you. Please read the attached policies in depth and sign the acknowledgement that you have read and agree to them. We know we can provide you with the best cardiovascular care available and we appreciate the opportunity to provide you with that excellent care.

Sincerely,

CardioJost, Inc.  
(dba: Southwest Cardiovascular Associates)

07-2013 - Financial Policy Cover Letter

480-945-4343 office

[www.swcva.com](http://www.swcva.com)

480-945-4350 fax