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THE HEART CENTER OF NORTHERN ANNE ARUNDEL COUNTY

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Financial Policy

I understand...

- My health insurance is a contract between my insurance carrier and myself, and I am financially responsible for all services rendered by the physicians and/or the staff of The Heart Center, from the time all services are rendered.
- All co-payments are due by me prior to having office services rendered.
- All outstanding balances for which a monthly billing statement has been mailed are due prior to any additional services are rendered. The office reserves the right to refuse treatment, and request a patient appointment be rescheduled due to non-payment.
- Balances are due within thirty (30) days of the billing statement date, with the exception of a payment plan arrangement that was made with the billing department prior to rendered services.
- Any balance unpaid at 90 days will be forwarded to a Collection Agency/Attorney. I understand in the event my account is forwarded to a collection agency for non-payment, I will be financially responsible for the amount due of the account, collection agency fees, attorney fees, and all court costs.
- It is my responsibility to know the details of my insurance policy, as not all services are covered by all carriers.
- I am responsible for obtaining a valid referral from my Primary Care Physician prior to all rendered services.
- I understand the office will make every attempt to obtain a pre-certification on my behalf for all procedures prior to being rendered. It is my responsibility to ensure these requirements are met, or I will be financially responsible for the full change.
- In the event I cannot supply valid proof of health insurance prior to services being rendered, I will be considered self-pay and payment will be due in full at the time services are rendered.
- It is my responsibility to make sure I provide the office with accurate and valid personal and health insurance information at each visit. Failure to abide by this will result in my full financial responsibility.
- I understand the office has the right to discharge me as a patient due to non-compliance of healthcare advice, failure to abide by office policies- including multiple missed appointments or behavioral issues with a physician or staff. In the event of discharge, the office abides by the State of Maryland regulations and will provide me with a 30-day written notification to obtain a new medical facility for future healthcare needs.
- In the event I refuse to sign this financial policy or any office policy form, the office has the right to refuse service to me.
- I am aware of and agree to additional office charges that might be imposed by the practice:

1.5% finance will be charged on all statements mailed to patients if not paid within the first 28 days.

$ 40.00 fee	-	for "No show/missed appointment" not cancelled within 24 hours
$ 75.00 fee	-	for off procedures not cancelled within 24 hours
$ 250.00 fee	-	for nuclear stress tests not cancelled with 24 hours of your appointment.
$ 100.00 fee	-	per day for each 24 hour holter monitor not returned or if damaged.
$ 25.00 fee	-	for all forms requiring completion by a physician
$ 35.00 fee	-	for checks returned, stopped or voided by you or your financial banking institute. All future payments will require means of cash, money order, or credit card only.

Various amounts for release of medical records as dictated and approved by Maryland law.

I, the undersigned, understand and agree to the Financial Policies of The Heart Center of Northern Anne Arundel County, P.A., as stated.

_____ _____

Signature of Patient or Legal Guardian Date