CARDIOVASCULAR SURGERY OF SOUTHERN NEVADA

FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT

Dear Patient:

Thank you for choosing the physicians at Cardiovascular Surgery of Southern Nevada as your health care provider. We appreciate the opportunity to provide you with professional cardiovascular care.

The following is our financial policy. We believe having financial matters clear from the onset is preferable to encountering difficulties later on. If you have any questions or concerns about our payment policies, please contact our Billing Department and/or Administrator.

Payment for services is due at the time services are rendered. We accept cash, checks and MasterCard and Visa. We will submit an insurance claim on your behalf to your insurance company. Provide our office with accurate insurance billing information.

You must understand the following:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.

2. All charges are your responsibility whether your insurance company pays or not. You may be charged for our physician to read CD's for testing you had done. Not all services are a covered benefit with your insurance company. Fees for these services, along with deductibles, co-insurance and co-payments are due at the time of treatment. You are responsible for knowing these amounts.

3. You are responsible for knowing your insurance benefits. We will do our best to assist, however you should know if your insurance requires a primary physician (PCP) referral; if our physicians participate in your plan and what facilities (hospitals, lab, imaging, etc.) your plan requires you to go for services.

4. If you have inadequate or no insurance coverage, advance planning for payment before surgery will be required. The fee for surgery will normally include your post operative office visits up to a period of 45 to 90 days depending on your insurance.

5. Patient balances over 60 days old will be subject to interest charges.

6. You are responsible for any and all collection fees, legal fees and court costs associated with efforts to collect payment on your account.

7. If your insurance carrier changes you must notify our Billing Department immediately.

8. It is the policy of this office that patients be charged $30 per missed appointment when 24 hours advance notice is not provided for cancellation.

We understand temporary financial problems may affect timely payment on your balance. Please contact our Billing Department to discuss your account.

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Print Patient Name Date

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Patient or Guardian Signature

Revised 10/31/16