

Account #

Heart Specialists of Lancaster, PC
FINANCIAL POLICY

At Heart Specialists of Lancaster, we pride ourselves on delivering expert cardiovascular care to our patients. If you have medical insurance, we are happy to submit your charges to help you receive your maximum allowable benefit. By executing this agreement, you are agreeing to pay for all services that are received.

Required payments: Any co-payments required by an insurance company must be paid at the time of service. We accept cash, checks, debit cards, Visa, Mastercard, and Discover.

Insurance: Insurance is a contract between you and your insurance company. As a courtesy, all services performed in our office and at the hospital will be submitted to your insurance carrier. You will be responsible for any balance that your insurance company does not pay. If your insurance company requires a referral you are responsible for obtaining it. Failure to obtain a referral may result in a lower payment or denial from your insurance company.

Return checks: There is a fee (currently \$25.00) for any checks returned by the bank.

Workers compensation and No fault: We will send appropriate claim forms for services rendered on your behalf. If and/or when a claim has been exhausted or denied we will expect payment in full from the patient. If patient has personal insurance, we will bill according to our insurance policy above. We can not accept letters of protection from attorneys.

Monthly statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the charges on the account, rebilling fee, if any, and any payments or credits applied to your account during the month.

Rebiling Fee: Due to increasing processing and postage charges and because outstanding balances represent a form of interest-free loans, our policy is to charge a rebilling fee of \$10.00 per month when we have not received payment within 30 days.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all the collection fees which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Lancaster County, Pennsylvania.

Waiver of confidentiality: You understand if this account is submitted to a collection agency or an attorney, if we have to litigate in court, or if past due status is reported to a credit reporting agency, the fact that you received treatment by our providers may become a matter of public record.

We must emphasize that as medical providers, our relationship is with you, and not your insurance company. While submission of insurance claims is a courtesy that we extend to you, all charges are strictly your responsibility from the dates services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier. We realize sometimes financial problems may arise and may affect timely payments on your account. If such problems do arise, we encourage you to contact us as soon as possible for assistance in the management of your account.

Effective Date: By signing this agreement, you agree and consent to all the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Name: _____

Patients Signature: _____ **Date:** _____

WITNESS: _____ **DATE:** _____