ALPHARETTA CARDIOLOGY, L.L.C.

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NOTICE OF FINANCIAL RESPONSIBILITIES

Financial Policy
Thank you for choosing Alpharetta Cardiology, L.L.C. Our goal is to provide you with the highest quality care possible. We find that communication with our patients regarding our financial policy assists us in providing the best service to you. Therefore, we take this opportunity to answer some of the most commonly asked questions. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Payment Methods
Co-Payment is expected at the time services are rendered. We accept a variety of payment methods including cash, check, money order, or credit card (Visa, MasterCard, American Express, and Discover). Credit card payments are also accepted via telephone and online. To make a one-time online payment, go to **https://www.alpharettacardiology.com** and select "Bill Payment". There you can also set up a recurring payment plan if you desire that option.

Insurance Information
We must emphasize that your health is our primary concern, regardless of your insurance. Because your insurance policy is a contract between you and your insurance company, please check with your insurance carrier to determine any pre-existing limitation or other benefit restrictions that you may have PRIOR to your appointment. We will file your insurance as a courtesy and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Most insurance companies **do not cover 100% of the cost of services** and there is a portion that is your responsibility.

There are several patient responsibility components that may apply to an insurance payment

Co-pay – A set dollar amount per office visit that is the patient's responsibility.

Co-insurance – A percentage of the charge that is the patient's responsibility.

Deductible – A set annual amount that the patient is responsible for paying prior to his or her insurance making a payment.

Because of the contract you have with your insurance company, we are obligated to collect payment from you for your portion of the balance. **All co-payments, Co-insurance, and deductibles must be paid at the time of service**. (Note: **If your co-insurance and/or deductibles are high, for your convenience, we can set up an automatic payment (aka recurring) plan, with an estimated 35% deposit until the balance is paid off.)** This arrangement is part of your contract with your insurance company. To bill your insurance accurately and in a timely manner, we will need assistance from you. We ask that you provide our office with accurate demographic information (address, phone number, e-mail etc.) and proof of insurance. All patients will be required to show proof of insurance and a government issued photo ID.

Insurance Changes
If there are any changes in your insurance, you are required to provide that information to our office. If you fail to provide us with the correct insurance information in a timely manner, then you may be responsible for the resulting balance.

Managed Care: All Managed Care (i.e. HMO, PPO, POS)
Co-payment, co-insurance, and deductible amounts are due at the time of check-in. If your insurance plan requires a referral authorization from a primary care physician, then you are responsible for obtaining approval from your PCP **prior** to treatment. If you request an office visit or procedure without a referral authorization, then your insurance plan may deem this as non-covered treatment and you will be responsible for the charges.

Medicare
We accept assignment with Medicare. Medicare pays 80% of their allowed amount after satisfaction of the yearly deductible. You are responsible for 20% of Medicare's allowed amount unless you have secondary insurance coverage. **All co-payments, co-insurances, or deductibles are due and payable at the time of service**.

Secondary & Tertiary Plans
We will bill your secondary and, if applicable, tertiary insurance as a courtesy. If you have supplemental insurance to cover the portion of the charges that Medicare or your primary insurance carrier does not pay, then please provide us with a copy of this insurance card. Medicare and secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding.

Prior Authorization
Please remember that it is up to you to understand the requirements of your individual insurance plan and know whether prior authorization from your insurance company is required.

Non-Covered Services
Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

Cash Pay Patients
Cash Pay Patients are accepted at an already discounted cash pay rate. All uninsured patients will be required to pay in full at time of treatment.

Nonpayment
Please be aware that patient accounts over 90 (ninety) days without satisfactory payment will be turned over to a collection agency, and patients will face possible termination from the practice.

Returned Checks
A $35.00 fee will be charged for any returned checks. We will be unable to accept your checks for any services thereafter.

Missed Appointments / Late Arrivals
In an effort to provide our patients with quality, efficient care, it is necessary for you to attend appointments as scheduled. Compliance with your prescribed plan of care is critical for success in your healthcare. If you are unable to keep a scheduled appointment, please cancel or reschedule your appointment at least 24 (twenty-four) hours in advance to avoid a service charge of $30.00 for appointments, $50.00 for echocardiograms and $135.00 for nuclear stress tests. Patients who habitually fail to keep scheduled appointments and/or do not give a 24 (twenty-four) hour cancellation notice may face treatment termination. Patient who are more than 20 (twenty) minutes late for their original appointment time may be asked to reschedule as that appointment has been missed.

Medical Records
Medical records requests will be processed upon receipt of a signed medical release form. Please be aware that billing records are a part of your medical record and will also require this form. We can mail it or fax it. In addition, you may retrieve it from the patient portal on our website: https://www.marleneblaisemd.com.

Account Billing Questions and Refunds
Questions or concerns regarding your account or insurance claim should be directed to our billing office staff. If you feel an error has been made in your statement or if you have any questions or concerns, please contact our medical biller at (678) 762-0910. If it is determined that you are owed a refund, it will be disbursed to you in the manner in which the bill was originally paid, and may take up to 30 days to receive or after all claims have been paid.

Please sign the attached acknowledgement that you have received a copy of our Notice of Financial Responsibilities, effective immediately. And also by signing below you agree to any future phone/recurring payments and/or payment plan set-up to our mutual satisfaction, according to the card issuer agreement (Merchant agreement if credit voucher).

Acknowledgement: Notice of Financial Responsibilities

I am a patient of Alpharetta Cardiology, L.L.C. I hereby acknowledge receipt of Alpharetta Cardiology, L.L.C's Notice of Financial Responsibilities and Merchant Agreement.

_____ _____
Patient's Name DOB

_____ _____
Signature Date

OR, **if you are not the patient**:
I am the parent or legal guardian of _____
(print patient's name). I hereby acknowledge receipt of Alpharetta Cardiology, L.L.C. Notice of Financial Responsibilities with respect to the patient.

_____ Parent___ Legal Guardian___
Your Name

_____ _____
Signature Date