



## **FINANCIAL POLICY**

Our goal is to provide you with excellent care and service. Attached is a copy of our financial policy. It is very important you review this policy. If you have any questions before your appointment, please call (480) 476-8750 to speak with one of our staff.

Each visit, during the registration process, your statement or account balance will be reviewed with you prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, co-insurance, unmet deductibles, and outstanding balances at this time.

In addition, your registration process will include updating your demographic, insurance, and health information. This process will improve the quality of patient information we use to care for you.

Our policy states that any account balance remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time. All co-pays, co-insurance, unmet deductibles, and previous account balances must be paid before additional services will be rendered.

### **Patient Responsibilities**

We will bill your insurance company. Please have all current insurance cards available so that we may copy the front and back of the card for accurate information. It is your responsibility to inform us of any insurance changes. If accurate insurance information is not provided for timely submission of a claim, you will be held responsible for the full amount of the charges.

You will be asked to sign an authorization for your insurance carrier to send payments directly to Heart Care Center of the Valley. Any payments sent directly to the patient should be forwarded to our staff with a copy of the Explanation of Benefits to prevent your account being subject to collection procedure and legal action. Authorization must be signed at the initial visit, upon any change in insurance and annually thereafter.

Resources are available through your insurance company to understand your insurance coverage. These services will help you to verify that Heart Care Center of the Valley and Dr. Hojjati is a participating provider with your insurance company. All referrals to the practice are to be obtained prior to your appointment. This will prevent your appointment from needing to be rescheduled.

**Payment Policy**

- **Insured Patients:** All co-pays, co-insurance and unmet deductibles must be paid at time of service. Copayments are a requirement of your insurance company and cannot be waived. If unable to pay your copay at the time of service, your appointment may be rescheduled. Non-contracted insurance claims will be submitted to the insurance company as a courtesy to you however the charges remain your responsibility. If no response is received from your insurance company within 60 days, you are responsible for payment.
- **Non-Insured Patients:** Heart Care Center of the Valley requires full payment at the time of service unless prior arrangements have been made with our Billing Office.
- **Non-Covered Services:** Heart Care Center of the Valley requires full payment at the time of service for services that are not covered by your insurance company.
- **Balances Due:** Patient balances remaining after insurance payments must be paid in full within 30 days of the first statement.
- **Missed Appointment Fee:** Failure to cancel any appointments within 24 hours (1 full business day, Mon-Fri) of your appointment may result in a \$50.00 missed appointment fee. This charge is not covered by your insurance and is the patient’s responsibility.
- **Non-Sufficient Funds/Return Checks:** Heart Care Center of the Valley will pass along to the patient a \$40.00 NSF bank charge for all returned checks. This fee will be added to your account and is the patient’s responsibility. The financial institution may charge additional fees to you directly.
- **Outside Collections:** If your balance has not been paid to Heart Care Center of the Valley within 60 days, your account may be turned over to an outside collection agency. Non-payment of account balance may result the severing of the patient/physician professional relationship.

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Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Responsible Party Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date