



Financial Policy

Dear Patient,

Our goal is to provide you with very good 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) 844-0401 to speak with a financial counselor.

Each visit, during the registration process, your statement or account balance will be reviewed with you by a financial counselor or registrar 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, 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.

Being true to our Mission Statement we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. A patient, who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

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, deductibles, and previous account balances must be paid before additional services will be rendered.

We hope this brief overview is helpful. We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please contact Billing at 480-844-0401. Thank you.

Billing Questions
6343 E. Main Street, Suite 12
Mesa, AZ 85205
(480) 844-0401

TRI-CITY CARDIOLOGY FINANCIAL POLICY 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 Tri-City Cardiology (TCC) 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 TCC. Any payments sent directly to the patient should be forwarded to TCC with 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 TCC is a participating provider with your insurance company. All referrals to TCC are to be obtained **prior** to your appointment. This will prevent your appointment from needing to be rescheduled.

Payment Policy

Insured

All co-pays and deductibles must be paid before services are rendered. 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 within 60 days, payment must be made by you.

Non-Insured

TCC requires full payment at the time of service unless prior arrangements have been made with our Billing Office.

Balances Due

Patient balances remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time.

Medical Forms

TCC requires full payment of \$50.00 at the time your Insurance forms (FMLA, FAA Clearance, Disability, etc.) are dropped off for completion. Completion of forms is not paid by your insurance company.

24 hour Cancellation for Appointments

TCC requires a 24 hour advance notice for all appointment cancellations. 24 hour advanced notice is defined as 1 full business day, Monday through Friday. Failure to cancel your appointment within these hours will result in a \$50.00 charge added to your account. This charge is not covered by your insurance and is the patient's responsibility.

Hospitalizations It is your responsibility to notify your insurance company and primary care physician's office in the event of an unscheduled hospitalization. It is also your responsibility, not the hospital's to provide TCC with your insurance information.

Non-Sufficient Funds/Return Checks

TCC 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.

Print Name

Date of Birth

Signature

Today's Date