



TRI-CITY CARDIOLOGY FINANCIAL POLICY Patient Responsibilities

Our goal is to provide you with very good care and service. Below you will find 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.

Please have all current insurance cards available so we may copy the front and back of the card to bill your insurance accurately. 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.

Financial 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 prior arrangements have been made with our Billing Office.

No Show & Cancellation of Appointments

TCC requires a 24-hour advance notice (1 full business day, Monday through Friday) for all appointment cancellations and reschedules. Failure to cancel or reschedule your appointment within the required time or if you No Show for your appointment, 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 hospitals, to provide TCC with your insurance information.

Medical Forms

TCC requires full payment of all applicable form fees (FMLA, FAA Clearance, Disability, etc.) before forms are released. Completion of form fees are not paid by your insurance company.

Non-Sufficient Funds/Returned Checks

TCC will pass 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

Signature

Today's Date