



## Financial Policy

Thank you for selecting Tri-City Cardiology as your healthcare provider. Our commitment to you extends beyond medical treatment; we aim to cultivate a successful partnership between physicians, staff, and patients. Your comprehension and compliance with our Practice Financial Policy play a crucial role in this collaboration. This document addresses common inquiries regarding our financial procedures. We appreciate your trust in Tri-City Cardiology and look forward to providing you with exceptional care.

### Patient Responsibilities

To ensure a smooth and efficient experience, we kindly request your assistance with the following:

- **Providing Documentation:** Provide a valid photo ID and current insurance card(s) at each visit to ensure accurate and timely submission of insurance claims.
- **Understanding Insurance Coverage:** Understand your insurance benefits, coverage limitations, and network requirements. Prior to your visit, contact your employer or insurance provider to verify your coverage and network status.
- **Securing Referrals and Pre-Authorization:** Obtain any required referrals from your primary care provider or prior authorization from your insurance carrier before your visit. Failure to obtain required authorization may result in services not being covered or the appointment being rescheduled.
- **Payment Obligations:** Pay your estimated portion of charges at the time of service, including applicable copayments, deductibles, and coinsurance. These amounts are determined by your insurance carrier and are contractual obligations that cannot be waived or modified by the practice. Failure to pay the estimated patient responsibility prior to the appointment or at the time of service will result in the rescheduling of your appointment. Any remaining patient balance after insurance processing must be paid in full within 30 days of the first statement, unless prior arrangements have been made with our Billing Office.
- **Providing Medical Records:** Provide copies of relevant medical records when requested, including prior test results or imaging studies, when necessary to assist in care coordination and insurance processing.
- **Appointment Etiquette:** Provide 48 hours' notice to cancel or reschedule office appointments. Late cancellations, reschedules, or no-shows will be subject to a \$50 fee. Provide 72 hours' notice to cancel or reschedule diagnostic testing and surgical procedures due to specialized scheduling and preparation. Late cancellations, reschedules, or no-shows will be subject to a fee of up to \$250.
- **Understanding Financial Policies:** Ensure a thorough understanding of our financial policy. Please feel free to contact our office with any questions you may have.

Your cooperation in adhering to these responsibilities is greatly appreciated and contributes to the efficiency and effectiveness of your care.

**Insured Patients Assignment of Benefits**

For our patients' convenience, Tri-City Cardiology participates with many major health plans and maintains contracts with numerous HMOs, PPOs, insurance carriers, and government programs, including Medicare, Medicaid (AHCCCS), and VA Community Care Network (CCN) insurance for Veterans. As a courtesy, our business office will submit claims to your insurance carrier for services rendered. Submission of a claim does not guarantee payment. Patients remain responsible for all charges not paid by their insurance plan.

Patients are responsible for providing complete and accurate insurance information at the time of scheduling and at each visit. If secondary insurance coverage is provided, claims will be submitted after the primary carrier has processed the claim. Your insurance company may require additional information directly from you, and it is your responsibility to comply with those requests.

For Veterans receiving care through VA Community Care Network (CCN), signing this agreement authorizes Tri-City Cardiology to submit claims directly to the VA's third-party administrator and receive payment on the Veteran's behalf.

**Referral/ Pre-Authorization**

If your insurance plan requires a referral from your primary care physician or prior authorization from your insurance carrier, the required authorization must be obtained before your appointment. If authorization has not been received prior to your scheduled visit, your appointment will be rescheduled. Failure to obtain the required referral or authorization will result in denial of payment by the insurance company, and the balance will become the patient's responsibility.

**Diagnostic Testing**

If diagnostic testing is ordered, our office will review your insurance benefits and obtain any required prior authorization. Estimated patient responsibility, including applicable copayments, deductibles, and coinsurance, is due prior to testing. This estimate is based on your current insurance benefits. Final patient responsibility will be determined after your insurance carrier processes the claim.

**Procedure**

If a procedure is recommended, our office will review your insurance benefits, obtain any required prior authorization, and estimate any deductible and/or coinsurance amounts you may owe for the physician's services. Estimated patient responsibility is due prior to the procedure.

If your procedure is scheduled at Tri-City Surgery Centers, our office will provide an estimate for both the physician and the surgery center. If your procedure is performed at another facility,

our office will provide an estimate for the physician's services only, as facility and anesthesia services are billed separately.

These estimates are based on your current insurance benefits and available information at the time of scheduling. Final patient responsibility will be determined after your insurance carrier processes the claim in accordance with your plan benefits. If a remaining balance exists after insurance processing, a billing statement will be issued.

### **No Show and Reschedule Policy**

Please provide at least 48 hours' notice if you need to cancel or reschedule an office appointment. Diagnostic testing and procedures require a minimum of 72 hours' notice due to specialized scheduling and preparation requirements.

Failure to cancel or reschedule within the required time frame, failure to attend a scheduled appointment, or failure to properly follow required preparation instructions for any diagnostic test or procedure that results in a cancellation or rescheduling will result in a cancellation or no-show fee.

Cancellation fees are not billable to insurance and are the patient's responsibility.

### **Cancellation Fee Schedule**

<b>Service</b>	<b>Fee</b>
Office Visit	\$50
Diagnostic Testing	\$100
Nuclear Stress Test	\$200
Cardiac PET Or PET/CT Or Procedure	\$250

### **Medical Forms and Records**

Fees may apply for the completion of medical forms such as FMLA, disability, FAA clearance, physician statements, and other administrative requests. These services are not covered by insurance and are the patient's responsibility.

Payment for applicable form fees is required before completed forms are released. A signed Release of Information may be required for certain requests. Please allow up to ten (10) business days for completion.

### **Payment Options**

Tri-City Cardiology accepts Visa, MasterCard, Discover, American Express and CareCredit, as well as checks or cashier's checks, for payment. Cash payments are not accepted. Please contact the front office staff if you have questions regarding accepted payment methods.

A \$40.00 non-sufficient funds (NSF) fee will be applied to your account for any returned checks. This fee is the patient's responsibility. Your financial institution may charge additional fees directly.

**Delinquent Accounts**

Insurance companies operating in Arizona are required to process claims within 30 days of receipt. Patients are responsible for providing their insurance carrier with any information requested for claim processing.

Patient balances are invoiced after payment from your insurance carrier or receipt of the Explanation of Benefits (EOB). Payment is expected within 10 business days of receiving your statement. Accounts with unpaid balances after 90 days will be subject to collection activity, up to and including referral to an external collection agency. Accounts placed in collections must be resolved before future appointments can be scheduled.

Patients who are unable to meet their financial obligations should contact our Central Business Office at 480-844-0401 to discuss payment arrangements. Patients with past-due balances or accounts in collections will be required to resolve the balance or establish acceptable payment arrangements before additional services are provided.

**Financial Policy and Assignment of Benefits Acknowledgment:**

**Print Patient Name:** \_\_\_\_\_

By signing, you confirm that you understand and accept that you, as the patient, are ultimately responsible for all charges related to your care. You also confirm that you have read and agree with Tri-City Cardiology's Financial Policy and Assignment of Benefits.

To access our financial policy, please visit our website at <https://tricitycardiology.com/patient-center/>

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_