



Southwest

CardioVascular Associates

FINANCIAL POLICY AND PATIENT RESPONSIBILITY

We are committed to providing our patients with the highest quality care.

We thank you for taking the time to read and understand our policies.

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 Southwest Cardiovascular Associates 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 SWCVA. Any payments sent directly to the patient should be forwarded to SWCVA with the Explanation of Benefits to prevent your account being subject to collections procedure and legal action. Authorization must be signed at the initial visit, upon any changes 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 SWCVA is a participating provider with your insurance company. All referrals to SWCVA are to be obtained prior to your appointment. This will prevent your appointment from needing to be rescheduled.

PAYMENT POLICY

Insured

All co-pays, deductibles and co-insurance must be paid before services are rendered. If unable to pay your amount due at the time of service, your appointment may be rescheduled.

Non-Insured

SWCVA 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

SWCVA requires full payment of \$30.00 at the time of your Insurance forms (FMLA, FAA Clearance, Disability, ect.) are dropped off for completion. Completion of forms is not paid by your insurance company.

24 hour Cancellation for Appointments

SWCVA requires a 24 hour advance notice for all appointment cancellations. 24 hour advanced notice is defined as 1 full business day, Monday through Friday. Varying fees will be charged to your account depending on the type of appointment. This charge is not covered by your insurance and is the patient's responsibility.

Non-Sufficient Funds/Return Checks

SWCVA 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 responsibility. The financial institution may charge additional fees to you directly.

FINANCIAL POLICY ACKNOWLEDGEMENT

(Mandatory for All Patients)

†By signing my name below, I acknowledge that I have read and understand the updated Financial Policy of CardioJost, Inc. (Southwest Cardiovascular Associates) as well as the cover letter attached. I understand that, regardless of my insurance claim status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered. I understand that payments can be made by cash, check, MasterCard, Discover or Visa. I agree that if my account is referred to a collection agency or attorney I will be responsible for all costs of collection on my account including attorney's fees, and any interest on money due.

RELEASE OF MEDICAL INFORMATION AND ASSIGNMENT OF BENEFITS

(Mandatory for All Patients)

†By signing my name below, I authorize the release of medical information necessary for filing health insurance claims for me by CardioJost, Inc. (dba: Southwest Cardiovascular Associates). I also authorize my insurance carriers to make payments directly to these companies.

PATIENT NAME

PATIENT SIGNATURE

DATE