

**Heart, Vascular & Vein of Tampa Bay**  
**Consultative, Diagnostic & Interventional Cardiac, Vascular & Venous Disease**

**FINANCIAL AGREEMENT**

We, the Staff of Heart, Vascular & Vein of Tampa Bay, thank you for choosing us as your health provider. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with highest level of care and to building a successful provider-patient relationship with you. We believe your understanding of our patient's financial responsibility is vital to that provider-patient relationship and our goal is to not only inform you of the provincial aspects of that financial policy but also to keep the lines of communication open regarding them. If at any time you have any questions or concerns regarding our fees, policies, or responsibilities, please feel free to contact our collection department at 813-755-3500.

We believe this level of communication and cooperation will allow us to continue to provide quality service to all of our valued patients.

Please understand that payment for services is an important part of the provider-patient relationship. If you do not have insurance, proof of insurance or participate in a plan that will not honor an assignments of insurance benefits, payment for services will be due at the time of service unless a payment arrangement has been approved by our staff.

We make payment as convenient as possible by accepting (cash, in-state checks, MasterCard, Visa and American Express). A \$35.00 service fee will be charged for all returned checks. Additional, you may authorize us to keep your credit card on file for your convenience knowing that we adhere to the highest level of information security.

**Interest**

Interest will occur if a balance remains unpaid after 60 days.

***BALANCES OVER 60 DAYS WILL ACCRUE A 1% MONTHLY INTEREST FEE***

**Insurance**

Please remember that your insurance policy is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive a maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from their insurance carrier. We do expect patient's to be interactive and responsible for communicating with your insurance carrier on any open claims.

It is your responsibility to provide all necessary eligibility, identification, authorization and referral information and notify our office of any information changes when they occur. Even a preauthorization of services does not guarantee payment from your insurance carrier. We also require photo identification when accepting insurance information. It is the patient responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide information may necessitate patient payment for all charges. When insurance is involved we are contractually obligated to collect co-payments, co-insurance, and deductibles, as outlined by your insurance carrier.

Please be aware that our-of-network insurance carriers often prohibits assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions or reductions such as reasonable and customary or usual and prevailing reductions. Our fees are well within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all out-of-network fees. If we are not contracted with your carrier, we will not negotiate reduced fees with your carrier.

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**Miscellaneous Forms, Additional Information and Authorizations**

We will provide all necessary information to have your benefits released. However, if it becomes necessary to submit redundant or unnecessary information for the completion of claim forms for disability, work or any other reason there will be an administrative fee, not to exceed \$35.00 for the additional information.

**Missed Appointments**

We require notice of cancellation 24 hours in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointment without notifying us in advance, a missed appointment fee will apply. These fees are typically \$35.00 but not to exceed half of the cost of your scheduled appointment. Repeated missed appointments without notification may cause you to be discharged from the practice so that we can provide care of other patients.

**Medical Records Fees**

Patients are entitled under Federal Law to have access to their protected health information and we follow all rules, guidelines and exceptions to insure compliance to patient rights. However, providers also have the right to compensations for records and our fees are a reasonable cost-based fee for copies including the copying, supplies, labor and postage of the files, and or summaries.

We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification from anyone with our business.

**Timeliness of Appointments**

We try to see everyone in a timely manner but if we are taking too long, please let our receptionist know so we can best service your needs and reschedule you if necessary.

I have read and understand the above financial policy. I agree to assign insurance benefits to Heart, Vascular & Vein of Tampa Bay whenever applicable. I also agree, in addition to the amount owed, I also will be responsible for the free charges by the collection agency for cost of collection if such action becomes necessary.

Signature of Insured or Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_