



NOTICE OF FINANCIAL POLICY

Thank you for choosing IVY Cardiovascular & Vein Center! We are excited to partner with you to improve and maintain your cardiovascular health. We recognize that to provide you with the highest level of care and satisfaction, it is important for you to understand your financial responsibilities regarding your healthcare. Please review our financial policy and sign below to acknowledge your understanding. If you have any questions regarding our financial policy, please contact our office.

- Patients or their legal representatives are ultimately responsible for all charges for services provided. We will bill your insurance, however you are financially responsible for any balance not covered by your insurance carrier.
- Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions you may have regarding your coverage.
- We participate in a number of insurance plans and networks, and are actively working on contracting with additional insurance plans. It is your responsibility to contact your insurance to verify that your provider is participating. If you are not insured by an insurance plan that we do business with, payment in full is expected at each visit.
- All patients must provide a copy of current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients would be a violation of the contract.
- Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
- If your insurance company requires a referral/authorization from the Primary Care Physician, it is your responsibility to obtain a valid referral/authorization prior to your appointment. If you do not have a valid referral/authorization, you may be responsible for full payment for services provided.
- If you need assistance with paying your balance, please contact our office; we will work with you to set up a feasible payment plan.
- If you fail to make any payment that you are responsible for, your account may be turned over to a collection agency. You will be responsible for payment of reasonable collection and legal fees.
- **Failure to cancel or reschedule your appointment within 24 hours of your scheduled appointment will result in a \$50 no-show fee for clinic visits, and \$100 no-show fee for testing and procedures.**

I hereby acknowledge that I have received a copy of IVY Cardiovascular & Vein Center's Notice of Financial Policy and understand my financial responsibilities.

Date: _____

Name: _____ Signature: _____