

Sierra Nevada Cardiology Associates Payment Policy

Thank you for choosing Sierra Nevada Cardiology Associates as your cardiology provider. We are committed to providing you with quality and affordable health care. Our practice financial policy is summarized as follows:

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is required at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit may be required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Contact your insurance company directly for any questions regarding your coverage. By signing this form you authorize SNCA to release the necessary information in order to process your insurance claims.

2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. We accept Master Charge, Visa, and debit cards.

3. Noncovered services. I understand that some of the services I receive may not be covered by my insurance or not considered reasonable or necessary by Medicare or other insurers. I agree to pay for any services which have been determined by my insurance plan to be "non-covered". Payment in full for these services is generally due at each visit.

4. Updates. Our staff will ask you to verify your billing information at each and every visit. Current information is essential in order for us to contact you regarding your treatment and for obtaining timely payment from your insurance company.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply in a timely manner with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

6. Coverage changes. If your insurance changes, please notify us as soon as possible so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance will be billed to you.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. If you are referred to a collection agency you will be discharged from this practice. If this occurs, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, SNCA will be able to treat you on an emergency basis only. A \$35.00 processing fee will be added to your account if it becomes necessary for SNCA to refer your unpaid balance to a collection agency.

8. Financial Hardship. Financial Hardship will be considered on a case-by-case basis. There will be no routine writing off of patient co-payments and deductibles for services not covered by insurance. Application for financial hardship is available through the business office.

9. Missed appointments. You may be charged a \$25.00 for a missed appointment if you do not notify us at least 24 hours prior to your scheduled appointment time. Help us to serve you better by keeping your regularly scheduled appointment.

10. Returned checks (NSF). You will be charged a \$30.00 processing fee for any personal check returned for nonpayment.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

Printed Name of Patient