

CMH Cardiology and Pulmonology

FINANCIAL POLICY

- As with any other business, it is necessary for us to receive payment for the services we provide to ensure we can continue providing these services for you at reasonable prices.
- Your copay is due at check-in. The copayment is a fixed fee defined in your insurance policy that is paid each time a medical service is assessed. Most copayment amounts are listed on your insurance card. Please be prepared to pay the copayment amount at check-in to avoid your appointment being rescheduled.
- If you do not have insurance, and if you are unable to pay the entire charge for the office visit, you will be required to sign a payment plan before being seen. Please feel free to ask questions and discuss financial matters with our business office.
- Please note that any procedures, labwork, etc that you have completed outside of this office or that is sent for interpretation, is not included in the charge for your office visit(s). You will receive a separate invoice for these charges directly from the facility providing the service.
- If you have an outstanding balance with us and you have not arranged a payment plan, you will be required to make a payment on the balance and sign a payment agreement setting monthly payments. This includes any balances that have been forwarded to a collection agency.
- For your convenience, we accept Visa, Mastercard, bank debit cards (which will be run as credit), cash, personal check or money orders.
- If you do not show for a scheduled appointment, you will be charged a \$50 no-show fee, which must be paid before the next visit. Insurance does not cover this charge.
- A \$25 return check fee will be charged for all returned checks. Insurance does not cover this charge.
- We charge \$5 to complete forms and copy medical records. This payment is due **PRIOR** to completion. Insurance **DOES NOT** cover this charge.
- We participate with many insurance companies; however, we do file claims to most insurance companies on your behalf. If your insurance company is one in which we do not participate, you are responsible for payment of account. You should always contact your insurance company with any questions you may have prior to arranging an appointment to be seen.
- Parents and Guardians of minor children will be held fully responsible for the account, unless notified with appropriate documentation.
- You the patient, hereby authorize the payment of medical benefits to CMH/Cardiology and Pulmonology for services rendered. You are financially responsible for services not covered by insurance carrier. Furthermore you agree to pay all collection costs, attorney fees and other collection costs that may be incurred to enforce the collection of any amounts outstanding.
- You the patient, hereby authorize CMH/Cardiology and Pulmonology to release any medical information necessary to complete and process my insurance claims.

Printed Name of Patient

Relationship to Patient

Date

Signature of Patient or Legal Guardian

Printed Name if different from Patient Name