

Houston Cardiac Association Financial Policy Statement

We have prepared the following policy statement for your convenience. Although we have tried to cover every potential scenario, unforeseen circumstances may arise. In these situations, please feel free to call our office at 713.599.1144.

Identifying Information

All patients are required to provide proper identifying information at their initial visit. We require the following:

1. A valid picture ID should be provided – a current driver’s license or state issued ID card is preferred; however, student ID’s, employee ID’s, and current passports are acceptable if you do not have a driver’s license or state ID card.
2. **All** current insurance cards should be provided (this includes primary and secondary insurance cards if applicable). Medicare and Medicaid cards are considered insurance cards and must be provided at the initial visit. If you have a Medicare replacement HMO, you must provide that information as well.
3. If you will need to enter into a payment plan, you must also provide a social security card/number and agree to undergo a credit check or provide a valid credit card (see #10 below) to be automatically billed monthly.

Private Insurance (Including Medicare and Medicaid HMO’s) and Prompt Pay

1. You, not your insurance company, are ultimately responsible for all medical bills incurred.
2. We require that you be prepared to pay the full amount of your outstanding balance, deductible, and copays at all of your visits, unless other arrangements have been made. Our front office staff can inform you of these financial obligations prior to your appointment. Co-Pays and balances (paid in full or part) must be made prior to seeing the doctor.
3. All payments are due at the time of service. Patients taking advantage of our prompt pay discounts must pay for services prior to receiving them.
4. We understand that there are times when you will have to reschedule your appointment. However, we require a 24 hour notice to provide an opportunity to fill the appointment slot with another patient. Patients that “No Show” (do not show up for a scheduled appointment or cancel the appointment the day of the appointment) will be assessed a “NO SHOW” fee: \$50.00 for an office visit, \$100.00 for Diagnostic Study Visit, \$200.00 for Nuclear Perfusion Study.
5. All outstanding balances of up to \$300.00 must be cleared within 45 days. Any outstanding balances greater than \$300.00 may be carried longer subject to credit approval (see # 10 below).
6. Currently, insurance companies are using special tactics to delay or deny payments to physicians. We will notify you if your insurance company is delaying or denying payments for your services.
7. If your insurance company requests additional information from you concerning your health insurance or a visit to our office. You must reply to them within 48 hours. If your insurance denies a claim from our office due to non-receipt of requested information, you will be liable for all charges on that claim.

8. You should become familiar with the policies of your insurance company. Because we are a subspecialty practice, you may need to be formally referred to us by a designated primary care physician. You should make sure that we have received any and all required referral documents from your primary care physician if such referrals are needed. Also, make sure that you are aware of whether we are in or out of network with your insurance company as your payment responsibility may differ significantly.
9. If you are being seen under Workman's Compensation, you must provide us with information on a separate indemnity insurance plan that covers your general health care, or pay for your services by one of the methods below (#10) within 45 days of receiving services.
10. Several payment methods are available for your convenience:
 - We accept Visa, MasterCard, American Express, and Discover cards.
 - We also accept cash, money orders, and personal checks (\$25.00 penalty for checks that are returned unpaid for any reason).
 - If necessary, payment arrangements can be made with the office manager. However, debts to Houston Cardiac Association must be paid within 12 months.

Traditional Medicare and Medicaid

1. Our practice accepts Medicare and Medicaid contracted fees. If Medicare is your primary insurance, you should make sure that you have both Medicare parts A and B. We can only bill and collect for Medicare part B.
2. If Medicare is your primary insurance and you do not have a secondary insurance, then you are responsible to pay 20% of the Medicare allowable fee for services. For your convenience, we will not bill you until we have received payments from Medicare. If you have a secondary insurance, we will bill your secondary insurance for you.
3. You should make sure that you know whether or not you are in traditional Medicare or Medicaid versus a private HMO that has been authorized by you to manage your Medicare or Medicaid. Be sure to let the front office staff know if you have any changes to your coverage. If your Medicare or Medicaid has been assigned to an HMO, you should refer to the above section regarding copays and referrals.

We hope that you find this information helpful. Again, if you should have any questions, please feel free to call us.

Scott G. Van Note
Chief Operations Officer

I, _____, have read, understand and agree to the Houston Cardiac Association financial policy.

Signature