Southwest Cardiothoracic Surgeons
Financial and Office Policies

By executing this agreement, you are agreeing to pay for all services received

Filing Claims: Please be sure you inform us of any updates or changes to your insurance, so we have your current information. If we do not have current information this will delay payment and possibly cause you to have unexpected expenses. You will be asked to completely fill out a new information profile every year. These profiles expire one year after being signed.

Contracted insurance: If we are contracted with your insurance company, we must follow our contract and its requirements. If you have a co-payment, co-insurance and/or deductible, you must pay at the time of service.

Non-contracted insurance: Your insurance is a contract between you and your insurance company. We are NOT a party to this contract between you and your insurance company, in most cases. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company who makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Self-pay patients: All self-pay patients are required to pay at the time the services are rendered. A payment plan can be arranged if necessary and is requested by the patient.

Insurance Verification: Our verification staff is dedicated to ensuring your visit is covered by your insurance or advising you otherwise prior to your appointment. In some instances, we might not be able to obtain this information. It is always a good idea for you to check with your insurance carrier to verify your specific benefits so there are no unexpected financial surprises at the time of your visit. Payment for services is ultimately **your** responsibility.

Statements: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued. It will separately show the previous balance, any new charges to the account, and any payments or credits applied to your account during the month.

Returned checks: There is a fee (currently $25.00) for any checks returned by the bank.

Past due account: Your account becomes past due 30 days following receipt of your first statement, we will take necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Waiver of Confidentiality: Please understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Appointments: It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. If you must cancel an appointment, we ask you give us 24 hours notice whenever possible. In order to ensure accurate records and true identity of all patients you will need to present your Driver License or Identification Card, Insurance Card and Social Security Number at the time of your appointment.

I have read this document and understand the policies and my fiscal responsibility.

Patient's Name (Print) _____

Signature: _____ Date: _____

Guarantor's Name (Print) (Minor patients only):_____

Signature: _____ Date: _____