

Mobile Heart Specialists, P.C.
OFFICE FINANCIAL POLICY

Patient's Name: _____ **Account #:** _____

Mobile Heart Specialists (MHS) completes and files insurance claims on your behalf as a courtesy, however you (responsible party) are responsible for all charges being paid in full regardless of the status of any insurance claim. Mobile Heart Specialists will not accept responsibility for collecting payment or negotiating a settlement on a disputed claim, but we will furnish account information to help should a problem occur.

Release of Information

Mobile Heart Specialists may release to your insurer(s) billing and certain medical information necessary for the purpose of determining eligibility for, and payment of, charges for services rendered. Your signature below will permit Mobile Heart Specialists to submit any claim, without obtaining any additional signature from you, and will continue in force and effect unless cancelled by your written request.

Co-payments/Deductibles

We are required by your insurance company to collect co-payments and deductibles that are applicable to your insurance policy. **Co-pays are to be paid prior to services being rendered** and your failure to pay the co-payment at check-in at our office may result in your appointment being rescheduled. **Deductibles** will be due at time of service to the extent that we are able to determine the amount that is owed prior to your insurance being filed. Deductible amounts that are determined after the filing of your insurance will be billed to you and will be considered delinquent if payment is not received within 30 days of your statement date.

No Show Notice for Diagnostic Testing

It is expected that you provide us with **24 hour advance notice of cancellation** of your diagnostic appointment(s). If you fail to do so, you may be charged a No Show Fee of up to \$125.

***NOTE: These fees are not billable to your insurance company and will be billed directly to you.

No Medical Insurance

If you do not have medical insurance:

- **You will be responsible for full payment of all services rendered to you by MHS at time of service**
- Payment arrangements MAY be extended to you at the sole discretion of MHS
- If you fail to make payments per agreed upon terms MHS may demand payment in full immediately

Checks Returned for Non-Sufficient Funds

If your check is returned to us by your bank for non-sufficient funds the following protocols will be followed:

- You will be notified and will be given **10 days** to submit to us the full amount of the check plus any and all fees that were charged to us associated with the transaction. Payment will be accepted as cash, credit card or cashier's check only.
- If payment on the NSF check is not received within 10 days we will no longer accept personal checks as payment and a note will be permanently attached to your file to this affect.
- In the event that we receive a second NSF check from you (even if you made the first one good) we will no longer accept personal checks as payment and a note will be permanently attached to your file to this affect.

Collection of Delinquent Accounts

Accounts that become delinquent may be charged a pre-collection agency fee of \$30. **In addition** you will be responsible for any legal fees connected to the collection of your account. By signing below you are stating that you accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees (33.33%), attorney fees, and/or court costs, if such become necessary.

You are also agreeing that in order for us to service your account or to collect monies you may owe, Mobile Heart Specialists and/or our agents may contact you by:

- telephone at **any telephone number associated with your account, including wireless telephone numbers**, which could result in charges to you;
- text messages;
- e-mails, using any e-mail address you provide to us

***Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I have fully read this disclosure and understand that I am financially responsible for all charges and fees associated with my account regardless of insurance status, including all fees associated with collection of my account. I further agree that Mobile Heart Specialists, P.C., its employees and/or agents may contact me as described above.

Signature of Patient or Responsible Party

Date