

**Heart of Texas Cardiology, P.A.**

**FINANCIAL POLICY**

We are committed to providing you with the best possible care. Please understand that payment of your bill is considered part of your care. The following is a statement of our FINANCIAL POLICY which we require that you read, agree to and sign prior to any treatment.

*We accept cash, check, credit cards (Master Card and Visa), or money orders. Payment plans for testing are available with prior approval for established patients.*

**MEDICARE / MEDICAID / CHAMPUS**

As participating providers for these programs, we accept assignment of benefits and will file all insurance claims for you. You are responsible for full payment of any deductible and/or co-insurance at the time services are rendered. You are responsible for any denied claims. *It is your responsibility to be sure we are in network for your particular plan.*

**OTHER INSURANCE**

As a courtesy, we will file your insurance claims; however, you must provide all insurance information at the time of service. Please understand that your insurance policy is a contract between you and your company. We are not a party to that contract, therefore, the balance is your responsibility whether your insurance company pays or not. Should you elect to file your own insurance claims, you will be responsible for all charges at the time of service. *It is your responsibility to be sure we are in network for your particular plan.*

**U.C.R. (USUAL AND CUSTOMARY RATE)**

Our practice is committed to providing the best possible treatment and we charge what is usual and customary for our area. You are responsible for paying the bill in full regardless of the insurance company's determination of usual and customary rates. EXCEPTION: Contractual agreements.

**SELF PAY**

Payment in full is due at the time of service. Payment plans may be arranged if necessary. A deposit and payment arrangements are required prior to the scheduling of hospital procedures.

**DELINQUENT ACCOUNTS**

Accounts that are not paid in full or if satisfactory arrangements are not made within 90 days of the service rendered we will consider the account delinquent. Delinquent accounts may be referred to a collection agency, nationwide credit bureau for further action.

Thank you for understanding our FINANCIAL POLICY. Please let us know if you have questions or concerns. **I have read, understand and agree to the above FINANCIAL POLICY.**

\_\_\_\_\_  
Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Summary financial stmt 3-2017

\_\_\_\_\_  
Date