

Frisco Heart and Vascular Institute, P.A.

Financial Policy

Name: _____ **Date of Birth:** _____

Thank you for choosing Frisco Heart & Vascular Institute, P.A. as your health care provider. We are committed to providing excellent health care services to you, our patient. As a part of our professional relationship, it is important that you have an understanding of our financial policy.

All patients must read and sign this form prior to receiving services.

- **It is your responsibility to provide us with your most current insurance information.** If you fail to provide accurate insurance information in a timely manner, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered.
- We must emphasize that, as medical providers, our relationship is with you, the patient, and not your insurance company. Your insurance is a contract between you, your insurance company, and possibly your employer. **It is ultimately your responsibility to know and understand the types of services covered and reimbursements provided by your insurance company.**
- We may accept assignment of insurance after verification of your coverage. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance company. **You are financially responsible for any services not covered by your insurance company.**
- Before receiving services, you must verify that we are participating providers for your insurance company. It is also necessary that your primary care physician provide a referral and authorization number if you have an HMO policy.
- **Co-payments, coinsurance, and/or deductibles are due at the time of service.** We will estimate the amount you owe based on the information we receive from your insurance company. However, you are responsible for paying the full amount determined by your insurance company once they have paid your claim – regardless of our estimation.
- **Patients without insurance coverage are required to pay the balance in full at the time of service.**
- We do not file claims to any Workers Compensation program but will provide you the documents necessary to file yourself. **Please be aware you will be responsible for the entire visit out of pocket.**
- It is your responsibility to provide us with your most current billing information. Please provide your most current billing address, all available telephone numbers, and any other important contact information. If your address or contact information changes, please contact us with the updated information.
- We will send a statement (to the billing address provided) notifying you of any balances you may owe. If you have any questions or wish to dispute the validity of this balance, please contact our business office within 30-days after receipt of the initial statement. You should call **(972) 369-9548 or (469) 362-6543.**
- **We accept cash, Visa, American Express, MasterCard and Discover, check and Flex spending cards.**
- **Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 30 days of the statement issue date are deemed past due. **Past due accounts may be referred to a professional collection agency for further collection activity.**
- If you are not able to pay the balance in full, please contact our billing office to discuss a payment schedule. If you fail to make payments as agreed upon, your account may referred to a professional collection agency.
- **If your account is assigned to a professional collection agency, you will be notified by certified mail that you will no longer be able to receive services from any physician at Frisco Heart & Vascular Institute, P.A.** Failure to accept this certified letter (and/or to pick it up at the post office) serves as notice of termination of services.
- **Failure to keep your account balance current may require us to cancel or reschedule your appointment.**

I have read and understand this Financial Policy.

Patient Signature

Date