

Effective 12/04/12

## Kentucky Cardiology - Financial Policy

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please call our office if you have questions regarding our fees or policies.

As a courtesy to our patients, we will file your insurance claim for services rendered. Although insurance can be confusing, our staff strives to be educated on insurance plan requirements such as referral forms, pre-certifications, and use of "in-network" facilities and providers. In return we ask you do the same. Please keep our office supplied with current information regarding your employer, insurance coverage and any address change. If you are a member of a health insurance plan that we participate with you MUST bring your insurance card, referral form (if applicable), and necessary co-payment to your appointment. If you do not obtain the required referral prior to your appointment, you will have the option of rescheduling your appointment or paying the charges in full at the time of service. Together we can work toward correct reimbursement.

All types of insurance plans designate the "patient portion", this means out-of-pocket patient payment. The patient is directly responsible for one or more of the following:

- **Deductible:** This is a designated dollar amount that the patient pays "off the top" of an allowable amount for a covered service. A new deductible applies each calendar year. There may be a separate deductible for a hospital stay.
- **Coinsurance:** This amount is based on a designated coverage formula. For instance, if the insurance is an "80/20" plan, then it pays 80% of the allowable charge and the patient pays the 20% coinsurance.
- **Co-payment:** This is a "flat" dollar amount designated by the insurance plan. The patient pays this per visit. Some plans have separate co-payments for specific types of services. This means that a patient could have two or more co-payments to make for one visit.
- **Excluded or Non-Covered Service:** Each insurance plan determines which medical services it will and will not cover. The patient pays for those services not allowed for benefits payments.

**Cancellations or "no-shows":** Same day cancellations and "no shows" are costly to the practice and to patients. In order to provide affordable cardiovascular care, we ask you to please notify us as soon as possible if you are not able to keep your appointment. If there is more than one same day cancellation or "no-show" in a calendar year period, a fee of \$25.00 could be charged to your account for the second and each subsequent missed visit. This fee is not billable to your insurance.

All fees are payable at the time of service for any past due balance and/or any patient portion your insurance designates as your responsibility. If you have no insurance, we expect payment at the time of service or you must call our office and set up a payment plan prior to your appointment. For patient convenience, Visa, MasterCard, American Express and Discover are accepted, along with cash and check. If your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$50.00.

We do not wish to cause you hardship or embarrassment. If you have a question or problem you must let us know immediately. It is the way for us to work together on cost-effective, high quality care.

### **Release of Financial Information:**

Although we make every attempt to keep your financial information secure, we must disclose that as part of billing process we may discuss your account information with a caller who can provide us with your name, date of birth, social security number and account number.