

## TRISTAR CARDIOVASCULAR SURGERY Financial Policy

As your physician(s), we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

We ask that all services be paid at the time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately. If we are a non-participating provider with your insurance, you will be considered a self-pay patient and will be expected to pay for your services at the time of your visit. We will file your insurance claim for you, as a courtesy.

As providers of various insurance plans, we ask that the co-pay, co-insurances and deductibles (if applicable) be paid in full at the time of your visit. We accept assignment for services covered and will bill the insurance. Any balance outstanding following payment from the insurance, will be billed to you.

**MEDICARE:** We are participating Medicare providers, and we will file Medicare for you. Any service routinely not covered by Medicare (i.e., Preventative/Routine Exams) we will request that the services be paid at time of service. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

**REFERRALS/AUTHORIZATINS:** If your insurance requires a referral to our office or an authorization for any services, it is your responsibility to verify **BEFORE** your appointment that we have received the authorization for services.

**FINANCIAL AGREEMENT:** We will be glad to discuss your proposed treatment and the cost of those services. If you have questions if your insurance will cover a medical service, we will be glad to try to find out if the insurance will cover for those services. **HOWEVER**, please be aware that your insurance is a contact between you, your employer (if applicable) and the insurance company. We are not a party to your contract. Unfortunately, not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover (i.e., yearly physicals)

We must emphasize that as your physician(s), our relationship and concern is with you and your health, not with your insurance company. **ALL CHARGES FOR SERVICES ARE YOUR PESPONSIBILITY AT THE TIME OF SERVICE. On any balance on your account after 90 days, collections action will be taken.** We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our insurance office promptly for assistance in the management of your account.

If you have any questions regarding the above, or any uncertainty regarding insurance coverage or request for payment, please do not hesitate to ask. We are here to help you.

**I UNDERSTAND AND AGREE TO THE FINANCIAL POLICY FOR TRISTAR CARDIOVASCULAR SURGERY**

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date