



Patient Responsibility Form

Insurance Information

- The patient is responsible for providing Advance Cardiovascular and Vein Center with the most current and correct information about their insurance prior to each visit.
- Advanced Cardiovascular and Vein Center will bill to the insurance most recently provided by the patient with the assumption that it is current. If the information given by the patient is inaccurate and denied, the patient will be responsible for the balance of the visit. Please be aware that with some insurance companies, we do run into timely filing deadlines. So, providing correct information at the time of service is critical so that we can accurately bill the patient's insurance. Timely filing means that the patient's insurance plan may not pay the claim after a certain amount of time after the service is rendered.
- Patients are responsible for the payment of co-pays at the time of service.
- Patients are also responsible for paying any applicable co-insurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- The patient is responsible for knowing what their plan does and does not cover. If the patient has questions about their plan and what services are covered, they should contact their insurance company (typically support phones and websites are listed on the back of our insurance card). Advanced Cardiovascular and Vein Center cannot be held accountable for incorrect verification of an insurance plan. Advanced Cardiovascular and Vein Center does check the patient's insurance information to the best of their ability.
- In the event that the patient's health plan determines a service to be "not payable," the patient will be responsible for the complete charge and agree to pay the costs of all services provided.
- Advanced Cardiovascular and Vein Center is not responsible for knowing what each individual patient's insurance plan does or does not cover.
- Patients have the right to check with their insurance company about coverage before any treatment occurs at Advanced Cardiovascular and Vein Center. The patient's health insurance policy is a contract between the patient and their health insurance company. It is the patients' responsibility to know if their insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations, and limits on outpatient charges regardless of whether or not our physicians participate.
- The patient is responsible for knowing if our health care providers are in-network with their insurance plan and if the services are covered under the patient's plan.
- If the patient is uninsured, the patient agrees to pay for the services rendered at the time of the service through the cash plan Advanced Cardiovascular and Vein Center is able to offer their patients.

Address/Demographics Information

- It is important that we have the patient's correct address/phone information on file.

- The patient is responsible for alerting Advanced Cardiovascular and Vein Center to any address, phone or other demographic changes.

Billing Information

- If the patient owes additional money after their visit, they can expect to receive a statement mailed to the valid address they provide Advanced Cardiovascular and Vein Center with in their new patient paperwork, and/or their reactivation paperwork.
- To help keep healthcare costs down, the patient should attempt to pay their bill upon first receipt. Just as we try to make every effort to accommodate patients when they are in need of care, we expect that patients will make every effort to pay their bill promptly. Payment is due at the time services are provided or upon receipt of a statement from our office.

Medicare Patient Information

- If the patient owes additional money after their visit, they can expect to receive a statement mailed to the valid address they provide Advanced Cardiovascular and Vein Center with in their new patient paperwork, and/or their reactivation paperwork.
- Medicare may not cover some of the services that the patient's health care provider recommends. The patient will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help the patient decide whether they want to receive services, knowing they are responsible for payment. Patients must read the ABN Carefully.

Financial Agreement Information

- The patient agrees that in return for the services provided to them by Advanced Cardiovascular and Vein Center, they will pay their account at the time service is rendered or upon insurance claim processing. If payment plan consideration is necessary, the patient understand that is their responsibility to call and make financial arrangements satisfactory to Advanced Cardiovascular and Vein Center for payment. If co-payments, co-insurances and/or deductibles are assigned by the patient's insurance company or health care plan, they agree to pay them to Advanced Cardiovascular and Vein Center.

Failure to Pay Information

- Patients who ignore collection notices/letters and fail to pay their balance risk negative credit ratings and possible dismissal from the practice.
- Past due accounts may hinder your ability to schedule appointments.

Guarantor Information

- Any patient over the age of 18 will be held financially responsible for all charges incurred. If another party is responsible for payment of the patient's account, please advise us who to send the statements to. The patient must pay the balance in full and negotiate repayment with

anybody not listed with us a guarantor outside of our office. This policy includes individuals negotiating divorce agreements.

Worker's Compensation and Automobile Claims Information

- The patient must provide at the time of service: a claim number, the name and address of the carrier, the date of injury, the employer at the time of injury, and the contact information of the claims adjustor. Without this information, the patient will be held responsible for all charges and payment will be collected at the time of service. Patients will be required to complete a form with the information necessary to bill the claim.
- The patient must make Life Wellness Center aware of which visit(s) should be billed to Worker's Compensation or Automobile insurance, and which should be billed to their insurance plan.

Cancellation Policy

- **To best serve our patients, Life Wellness Center has a cancellation policy of \$35.00 for any massage, or physical therapy appointment that is cancelled within 24 hours of the set appointment time. This is to make up for the loss of time for the team of providers.**

Printed Name of Patient

Signature of Patient or Parent/Guardian

Date