



PATIENT FINANCIAL POLICY

Thank you for choosing The Heart House. We consider it a privilege to have you as a patient.

With your care in mind, we want to advise and inform you of our financial policy in order to avoid possible misunderstandings or difficulties at a later date. By far, the majority of our patients pay their accounts in a timely fashion or if, they have insurance, pay the portion that they are responsible for promptly. In order to ensure the level of care you require and deserve, we have developed a new policy to ensure quality care to you at a reasonable cost.

Our policy ensures that “your account” will not be penalized to cover costs incurred by us from those patients who refuse to pay for care provided to them. Our policy simply states that:

1. If you have no verifiable insurance coverage, payment in full is expected at time of service unless prior arrangements have been made and approved.
2. Your Insurance Co-Payment, if any, is due in full at time of service.
3. When your account is not paid in full within 45 days after it becomes patient responsibility, it may become subject to an interest charge of 1 ½% per month (18% APR) on the outstanding balance.
4. Unpaid accounts reaching 60 days after it becomes patient responsibility may be referred to a collection agency for further action. An additional fee of \$50 may be added to these accounts along with any interest charges accumulated to date.

Insurance: Insurance is a contract between you and your insurance company. We are not a party to this contract. We will bill your insurance carrier, however your insurance company makes the final determination of your eligibility and the amount they will pay. You agree to pay any portion of the charges not paid for by insurance after contractual adjustments, if any. If your insurance requires a referral you are responsible for obtaining it. The balance of your account is ultimately your responsibility whether your insurance company pays or not.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and this agreement will be in force and effect.

Signature

Date

Print

SS#