

# NOVA Cardiovascular Care, Inc.

## Financial Policy Form

NOVA Cardiovascular Care, Inc. would like you to understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier. We accept Visa and Mastercard.
2. Your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to the doctor (if you agree to have your insurance company pay the doctor directly). If your insurance company does not pay the practice within a reasonable period, we will expect you to complete payment. If we later receive a check from your insurer, we will refund any overpayment to you.
3. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them and you are required to pay a copayment at the time of your visit.
4. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. This means the insurer will send the payment directly to you. This means our charges for your care are due at the time of service.
5. Not all insurance plans cover all services. If your insurance plan determines a service to be “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
6. We will bill your insurance company for all services provided in the hospital. You are responsible for any balance due.

I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice at any time.

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Signature of patient (or responsible party, if minor)

Date