

# ATLANTA HEART SPECIALISTS, LLC

## FINANCIAL POLICY

We are committed to meeting your healthcare needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines:

1. You are ultimately responsible for payment of ALL charges for services received from our office.
2. Our office will verify benefits for office visits and testing but we rely greatly on the information given to us by your insurance. If you believe that a deductible and co-insurance will apply to any of services provided by Atlanta Heart, please contact your insurance company for a confirmation. **It is the responsibility of the patient to know what their insurance benefits are for any given test, office visit or labs.**
3. Our office will provide you with an estimate of your responsibility, upon request. These **quotes are estimates only** and may be more or less after your insurance company has processed your claims.
4. If you have been notified by our office that your insurance has approved your testing, this does not guarantee that your insurance company will pay the test at 100%. Deductible and co-insurance still applies.
5. It is your responsibility to provide us with your current address, telephone number and insurance information at each visit.
6. Medicare patients, please keep us updated with your most current Medicare HMO Plan.
7. It is your responsibility to contact your insurance carrier to confirm that the doctor you are seeing is a participant of your plan. If you see a doctor that is not currently on your plan, we will bill you for that date of service. Upon receipt of payment from your insurance company any unpaid balance will be your responsibility.
8. If your plan requires a referral from your primary care physician we will try to obtain one for you but you are ultimately responsible for knowing if we have received a referral or not. If we do not receive a referral from your primary care physician you will be billed for services provided.
9. **No study will be performed** until financial arrangements have been made with the billing office and all balances have been paid off!!! A 50% deposit is required at the time of service for all testing.
10. **Our office charges a \$25.00 for a returned check.**
11. We will mail you a monthly statement for any outstanding balance. If your insurance carrier has not paid within 30 days for the date of service, PLEASE contact your carrier and assist us in getting the claim paid.
12. SELF PAY: You must bring the full amount due to your first visit. A 50% deposit is required at time of services for all tests scheduled. Payment plans are offered for the remainder of the balance only.
13. We will try our best to assist you any way possible with your bills. Any balance that is over 90 days old will be transferred to an outside collections agency for credit reporting. A patient that has been placed in collections must pay any prior balance owed to the practice, **COLLECTION AGENCY FEES** and any attorney fees in cash before the practice will schedule any future appointments.
14. If you are experiencing financial difficulties that will make the payment of our charges difficult for you, please contact one of our Patient Account Representatives at (770) 638-1400. Please do not leave a message as someone will be able to help you at the time of your call.

If you cannot make a payment in full on your **existing balance ONLY** (payment plans do not apply to future visits or tests) our payment schedule is as follows:

BALANCE	PAYMENT PER MONTH	BALANCE	PAYMENT PER MONTH
0 - \$99	\$25.00	\$1000 - \$2500	\$200.00
\$100 - \$499	\$50.00	\$2500 - \$5000	\$300.00
\$500 - \$999	\$100.00		

I acknowledge that I understand and accept this financial policy as a patient at Atlanta Heart Specialists.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Relationship to Patient