

## PATIENT FINANCIAL POLICY

Advanced Vein & Vascular's physicians and staff are committed to providing you with the best possible care. We will be happy to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE**, unless previous arrangements have been made. In the case of a minor, the patient's accompanying adult, parent or guardian is responsible for payment at the time of the service. This includes all insurance co-pays. If billing your insurance company, and you have a large deductible or co-insurance, we may collect that at time of service.

**\*HAS YOUR INSURANCE CHANGED IN THE PAST 6 MONTHS:** YES NO . If it has, you may be subject to a pre-existing condition clause, if you had previously sought a consult on same condition. In this case, you may need to postpone treatment, or recognize you could be held responsible to pay and not your insurance company.

**WE ACCEPT CASH, CHECKS, VISA & MASTERCARD**

### WE PARTICIPATE WITH THE FOLLOWING INSURANCE CARRIERS:

Aetna US Healthcare HMO / Aetna Managed Choice / AmeriHealth HMO-IBC / Blue Shield – Blue Choice / Independence Blue Cross / Keystone Health Plan East / Personal Choice-IBC, Horizon of NJ's Managed Care, PPO/traditional, Horizon Medicare Blue, MEDICARE Part B, OneNet PPO, First Health Network PPO, Clear care PPO, Devon PPO, Evolutions Healthcare PPO, Coventry Health Care National Network, Galaxy health Network PPO, Great West Healthcare, Health America of PA/Coventry of DE, Fortified Provider Network, InterGroup PPO, JeffPLUS, Medical Resource, Inc./NPPN, Multiplan, PPO Next, Preferred Care PPO, PHCS, Provider Select, Inc. If you do not see your carrier here, please ask us.

If you are covered by any of these carriers, it is necessary for you to provide our staff with the required information that enables us to bill your carrier. In some circumstances, even participating insurance plan may leave a balance that you must pay. It is not our responsibility to know what limitations, exclusions, deductibles or co-pays each group might leave to a patient's responsibility.

### NON-PARTICIPATING INSURANCE PLANS

Cigna, Health Partners and United Healthcare. We will help you fill out forms to receive your reimbursement directly, if you have out of network benefits. If you do not have out of network benefits, your carrier will not pay for our services. Keystone Healthplan East patients are capitated to specific sites for ultrasound testing, but we do accept their patients for consults and procedures.

### MEDICARE / MEDIGAP

"I request that payment of authorized Medicare and Medigap benefits be made on my behalf to Advanced Vein & Vascular Center Inc. for services furnished to me by that provider of service. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related service." \_\_\_\_\_  
(Signature of Medicare patient)

**OFFICE CHARGES** : Insurance will not be accepted for office charges for non-participating insurance plans; however, a receipt will be provided that includes all of the required information for you to submit to receive reimbursement from your insurance company.

### ASSOCIATED BILLERS

The diagnostic ultrasound studies performed in our office our performed by Navix Diagnostics. You may receive a separate bill from them or from "Vascular Diagnostics" for studies performed in our office.

### DELINQUENT ACCOUNTS

An account is considered past due 30 days following billing unless other arrangements have been made. A finance charge of 1 ½ % will be assessed to unpaid balances over 60 days. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. RETURN CHECK FEE There will be a transaction fee of \$40 for any check that is returned for insufficient funds.

### MISSED APPOINTMENTS

We would appreciate your help and the courtesy of a call if you are unable to keep your scheduled appointment. Please notify our office at least twenty-four (24) hours prior to the appointment time. We reserve the right to charge a missed appointment fee for each appointment that is not canceled in a timely manner. Missed sclerotherapy or other procedural appointments with less than 24 hours notice will be charged \$50 as supplies prepared for your procedure are then wasted.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH, READ AND UNDERSTAND THE FINANCIAL POLICY STATED ABOVE AND AGREE TO BE SUBJECT TO SAME. I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF ADVANCED VEIN & VASCULAR'S NOTICE OF PRIVACY PRACTICES.

Date: \_\_\_\_\_ Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Received AVVC'S Privacy Policy Notice: \_\_\_\_\_ Parent/Guarantor Signature (if minor) \_\_\_\_\_