



Stuart Fischer, MD, FACC, FACP, FSCAI
Timothy O'Neill, MD

Steven T. Forman, MD, FACC, FSCAI, RVT
Bret A. Witter, MD, FACC, FACP

Ramandeep K. Brar, MD, FACC, FHRS
Robert S. Lee, MD

Los Alamitos Cardiovascular Financial Policy

WELCOME to OUR OFFICE

We are dedicated to providing you with the best care and service available. Your understanding of our financial policies is an essential part of your healthcare and treatment. If you have questions about those policies, your account, its related charges, insurance or payments, please speak with one of our billing representatives by calling (562) 430-7533, then choosing phone menu option 6.

Please have available at the time of your visit the following insurance and identification information:

1. Your current and valid insurance identification card so that we can copy the front and back of the card for accurate insurance information.
2. Your driver's license so that we may copy it for accurate demographics and patient specific data.
3. If you have a health plan that requires its own insurance claim form, please provide us with a signed and completed claim form.
4. Your referral or authorization for services if applicable.

PAYMENT POLICY

Payment in full for services rendered is expected at the time those services are rendered. For your convenience, we accept cash, check and most credit cards. On your behalf, we will bill those insurance companies with which we have an agreement. Please note the following:

- In the event of non-payment, your account may be placed with an outside collection agency and the expenses for that action will be added to your account balance.
- Balances that extend beyond 90-days from the date of service may be charged a finance fee of 1.5% for each 30 (thirty) days of non-payment.
- Our office collects deductibles, outstanding balances and co-payments at the time-of-service. If you are unable to remit payment during your scheduled appointment, we will be happy to reschedule the appointment for you.

For additional questions about our financial policies, to inquire about your balance prior to your appointment and for all other billing questions, please call our billing office at (562) 430-7533, then choose phone menu option 6.

SELF-PAY ACCOUNTS

If you do not have a valid insurance plan to cover the cost of our services, you will be required to make full payment at the time of service.

(Continued on reverse side)

INSURANCE PLANS

As a courtesy, if you are insured, we will bill those insurance plans with which we have an agreement and do so on your behalf. However, it is ultimately your responsibility to become familiar with the details of your insurance plan coverage. We recommend you contact your insurance company prior to any service so you may understand your allowable benefits. Patients are responsible for payment of services rendered and as follows:

- If you have a PPO or HMO insurance plan, we will collect the required co-payment, co-insurance and any deductible that is due at the time of the visit.
- In the event that your health plan determines a service to be “not-covered,” we will bill you, directly.
- Patients are responsible for any amount billed for services rendered, but not paid by your insurance company within 30 (thirty) days: After 30 (thirty) days those charges will be billed directly to you and are subject to payment by you and upon receipt of that statement.
- If your insurance coverage is with a plan with which we do not have an agreement, payment is expected in full and at the time of service.

INSURANCE UPDATES

Due to frequent changes with insurance plans and the benefits offered under those plans, our staff is required to review and update insurance information on a regular basis. This means that occasionally you may be asked to review the details of your coverage with our staff in order to make sure our records are correct. Please know that your patience is greatly appreciated.

NO SHOWS and CANCELLATIONS

In today’s healthcare environment, the need for policies concerning patient no shows and last-minute cancellations are essential:

- We require no less than 24-hours notice when canceling a scheduled appointment or procedure.
- If you fail to notify our office per that policy, you will be charged \$50 for office visits and an additional \$100 if you have a scheduled procedure, plus the cost of any ordered drugs.
- After the fourth no show or last-minute cancellation, you will be discharged as a patient of Los Alamitos Cardiovascular.

OTHER FEES

- Copy of Records
- Copy of X-Rays
- Form Completion Fees

I understand that Los Alamitos Cardiovascular agrees to bill my insurance as a courtesy to me and that I must submit information as needed to insure payment for services rendered. I further understand that I am ultimately responsible for payment of all rendered services and that deductibles, outstanding balances and copayments are due at the time of service.

Patient Name (Please Print)

Signature of Patient or Responsible Party

Date

Interpreter/Representative Name

Signature of Interpreter/Representative

Date

Witness Name

Signature of Witness

Date