

Patient Financial Responsibility Guidelines

Nanticoke Cardiology is pleased you have chosen our practice for your medical care. Quality care is a first priority among our providers. To reduce confusion and keep costs of your care to a minimum, Nanticoke Cardiology requests that you please read the following guidelines to understand your financial responsibility and requirements.

Patients with Health Insurance

- Please provide a copy your insurance card to each visit so that the office staff can verify your eligibility.
- Not all services may be covered by your insurance plan therefore the obligation to understand what services are covered remains with you. Please contact your insurance carrier regarding covered services.
- If verification of your insurance plan not be determined at the time of your visit, payment in full is required; upon verification, you will be refunded.
- If your insurance requires a referral to see one of our providers for specialty care, please contact your PCP's office. The referral will need to be in place prior to your visit.

Co-Payments and Deductibles

- Co-payments will be expected on each date of service when required by your insurance. Failure on our part of collect would be considered fraud under the guidelines of the health plan.
- Co-payments and deductible are the patient's responsibility per your insurance plan.
- If you have questions regarding your co-pay amount, please call your health plan directly.

Patient Balances

- Our practice is required to balance bill patients after payment by the insurance company.
- Patients will receive a monthly statement.
- Payment is expected in full unless a payment plan has been set up by our billing manager.
- Please understand if payments are not made in full or paid on the monthly plan, your account will go to our collection agency.

Self-Pay Patients

- Payment in full is required for services provided in the physician office. It is expected at the time of your visit.

No Shows

- We require 24 hours cancellation notice if you are unable to keep your appointment.
- Please understand that you may be charged a \$35.00 No Show fee for missed appointments.

Billing Questions

We realize that special circumstances may arise and will assist you in every way we can to resolve your outstanding balances. To apply please contact our Billing department.

Please understand we reserve the right to transfer delinquent accounts to a collection agency after all efforts have been exhausted to obtain payment from you.

Statements sent to you from the practice after receipt by payor. Hospital, laboratory and radiology services may be billed to you separately from those facilities. Please call them directly when bill questions arise.

Please feel free to contact our Billing department with any questions at **(302) 629-9099 option 6** between the hours of **9:00am-4:00pm, Monday – Friday.**

X Patient Signature _____ Date: _____

I acknowledge receipt of these patient financial responsibility guidelines.