



## FINANCIAL POLICY

As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

We ask that all services be paid at time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately.

### **MEDICARE:**

We are participating Medicare providers, and we will file Medicare for you. Any service routinely not covered by Medicare (i.e., Preventative/Routine Exams) we will request that the services be paid at time of service. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

### **PARTICIPATING PLANS:**

As providers on certain insurance plans, we ask that the co-pay and deductibles (if applicable) be paid in full at the time of your visit. We accept assignment for services covered and will bill the insurance. Any balance outstanding following payment from insurance will be billed to you. **It is your responsibility to verify that we are participating with your plan.**

### **NON-PARTICIPATING PLANS:**

We are **NOT** providers on some plans. If you choose to see us as your physician, please be prepared to pay for any out-of-network or deductibles that may apply to your visit. Please verify **BEFORE** your appointment with your insurance company what your benefits will cover.

### **FINANCIAL AGREEMENT:**

We will be glad to discuss your proposed treatment and the cost of those services. If you have questions if your insurance will cover a medical service, we will be glad to try to find out if insurance will cover for those services. HOWEVER, please be aware that your insurance is a contract between you, and your insurance company. Unfortunately, not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g., yearly physicals)

We must emphasize that as your physicians, our relationship and concern is with you and your health, not with your insurance company.

**ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME THE SERVICES ARE RENDERED.** On any balance on your account after 120 days, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our insurance office at 561-548-3520 for assistance in the management of your account.

If you have any questions regarding the above, or any uncertainty regarding insurance coverage or request for payment, please do not hesitate to ask. We are here to help you.

**I have understood and agreed to the financial policy for Miami Electrophysiology Institute.**

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**Patient Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**