

### Collins Cardiology Financial Agreement

1. Payment is due at the time of service. You may be asked to pay old balances in full before an appointment can be scheduled.
2. If you have insurance coverage, please bring your insurance card(s).
3. All copayments, coinsurances and deductibles are required at the time services are rendered.
  - Every effort will be made by our office to work with you regarding financial arrangements and your budget.
4. We will file your claim to your insurance company for their portion. However, this does not exclude you from responsibility of the account. Whatever your insurance does not cover is your responsibility.
5. If you do not have insurance, you will be considered "self-pay." We have "self-pay" discounts in place for all of our services/procedures. At the time you are scheduled for a service/procedure, please feel free to ask what that charge with the "self-pay" discount in place. Charges for these services are also required up front.
6. Medicare patients are required by Federal Law to pay their co-payments, coinsurances and deductibles if there is no supplemental policy to pick up these balances after Medicare's payment.
7. Accounts with NO PAYMENT FOR 90 DAYS will be brought to the attention of the office manager. You will be asked to establish a payment arrangement.
  - Again, every effort will be made to establish a payment plan that fits your budget. Please cooperate with our office to help maintain a current account.
8. MISSED APPOINTMENTS – Please call and cancel/reschedule all appointments at least 24 hours prior so that we can offer this time slot to someone else waiting for medical treatment.
  - An excessive number of missed appointments not cancelled/rescheduled within a reasonable amount of time prior to your appointment could result in dismissal from the practice.
9. Thank you for choosing **Collins Cardiology** as your health care provider. We will make every effort to provide the highest quality of medical care to you or your loved one.

I have read and understand the above guidelines regarding Collins Cardiology's financial policies. I agree to abide by these guidelines.

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Patient/responsible party signature

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Date

\*This document will be scanned into your permanent health record with Collins Cardiology