**Billing Policy**

Co-payment, deductibles and balance will be collected at the time of service, these are the patient responsibility, uncollected or extended unpaid balances for deductibles and /or co-payment will be forward to collection agency.

**Billing procedure:**

Heart to heart cardiology and vascular of Orange county Inc. will bill your insurance company as a courtesy, it is your responsibility to know and understand your benefits and how they apply to your treatment, diagnostic testing and/or procedures.

By signing this form, you certify that you are currently eligible and your status is active with the insurance company listed on the card at the time of each appointment/service.

I, the patient understands that if the above is not true, accurate, current or if I am not eligible under the terms of my medical and subscriber agreement, I am liable for any and all charges for the service rendered.

A patient is considered a cash patient if the patient has no insurance coverage or if the account has been sent to collection due to delinquent balance, should the later be the case, then any future services should be paid in full at the time of service and the office will not bill your insurance, but will provide you with the necessary forms that you may use for reimbursement. The patient will be responsible for any extraordinary costs associated with collection of the funds owned to the practice, including but not limited to collection’s agency fees, attorney’s fees and court’s fees.

Payment arrangements can be made in advance of services rendered to cash patients.

**No show Policy:**

Patient who fails to be present for a scheduled office visit appointment or procedure and who do not cancel their appointment with 24 hours (one business day) notice, will be charged $50 fee.

**Returned check policy:**

Any returned or denied checks by the bank will be subject to $35 service fee.

I have read, understand and agree to comply with the above policies.

Patient/ Guardian signature:

Print Name:

Date: