

Patient Financial Policy

Thank you for selecting our practice as your healthcare provider. We are committed to providing you with compassionate and quality cardiovascular care. Please understand that payment is expected for services rendered. The following is a statement of our financial policy. Please read, sign and date this policy prior to treatment. Please provide the receptionist any current medical insurance cards that should be used to cover services rendered. For your convenience, our practice accepts Visa, Mastercard, Discover, Cash and Personal Checks.

Insurance

We accept assignment for benefits for most insurance plans. However, we do require that all co-payments, co-insurance and deductibles be paid at the time of service.

Your insurance policy is a contract between you and your insurance carrier. You are responsible for providing our practice with the correct insurance information at the time of service or you may be responsible for the charges in full. Should your insurance company fail to pay the insurance claim for services rendered by Cardiology Associates of Atlanta, PC, you may be responsible for the entire charges submitted to the insurance carrier. Therefore, we recommend that you follow-up with the insurance carrier if your claim has not been paid within 30 days from the date the claim was submitted.

You are also responsible for determining what services your insurance company covers. Therefore, if your insurance coverage is verified and certain procedures are not covered, you will be required to sign a waiver indicating that you understand that your policy does not cover this service and you will be responsible for the charges associated with this service.

Co-insurance and any balances that remain the responsibility of the patient, according the insurance carrier terms, should be remitted to the practice upon notice of balance due. Failure to remit payment may result in the patient's account being turned over to an outside collection agency.

Non-Insured Patients

Patients that are not covered by an insurance plan are responsible for services rendered at the time of service. For patient's that are unable to pay for services in full, a minimum of 50% of the charges are due at the time of service. Payment for any remaining balance is payable within 30 days of the date of service. Failure to remit payment may result in the patient's account being turned over to an outside collection agency. Any fees assessed by the collection agency will become the financial responsibility of the patient.

Missed Appointments

