CENTRAL GEORGIA
HEART & VEIN CENTER

OFFICE POLICY FORM

Thank you for choosing Central Georgia Heart and Vein Center (CGHVC) for your cardiology/electrophysiology needs. We are committed to providing quality and affordable health care to you and your family. Because some of our patients have questions regarding general practice guidelines and patient financial responsibility for services rendered, we have developed these policies for your information and future reference. Please read them, ask any questions you may have and sign in the space provided. You may keep all pages other than the signature page (the last page).

General Practice Policies

Telephone Calls: **If you have a medical emergency, please call 911.**

Due to heavy call volumes, some calls will be transferred to a voice mail box. The voice mails are monitored continuously throughout the day. All calls received before 4pm will be returned within the same business day.

Medication Refills: All refills and prescription renewals should be initiated through your pharmacy. Please notify your pharmacy when you need a refill, and they will contact our office for approval. If there aren't any authorized refills remaining, you will need to contact our office to make an appointment for evaluation to ensure there are no issues with your medications. To schedule an appointment, you may contact us directly at 478-405-0045, option #3, or use the Patient Portal Healow App to schedule an appointment. We request 72 hours to process all prescription refills.

Missed Appointments: To ensure the best outcome for every patient, we feel strongly that every appointment is medically necessary. Each time a patient misses an appointment without providing proper notice another patient is prevented from receiving care. Our system is set to call and/or text reminders of your scheduled appointments. Please ensure that your preferred method of contact and contact information are up to date in our system and respond to these calls accordingly. Although we understand that emergency situations may arise, a quick call to cancel your appointment would be appreciated. Due to high demand and limited availability of same day appointments we have instituted a "missed appointment" fee. You must give at least a 24hr advance notice to cancel or reschedule appointments. Failure to do so will result in a "missed appointment" fee charge of $25.00-$50.00 to your account, depending on the service scheduled. These fees are patient responsibility, will be billed directly to you and should be paid before scheduling another appointment.

Dismissal: As a last resort, repeated failure to keep your scheduled appointments or failure to comply with practice treatment policies may result in dismissal from the practice. Dismissal may also occur if your account has carried an unpaid balance after the 3rd billing statement without making payment arrangements. If for any reason you have been dismissed from VIM, you will be notified by regular and/or certified mail that you have 30 days to seek alternative care. During that 30-day period, your provider will only be able to provide treatment on an emergency basis.

Financial Policies

Identification and Proof of Insurance: **At each visit you will be asked to provide driver's license/picture ID and current insurance card.** Please be sure to bring these to each appointment so we can ensure accurate information in your patient account. We have made prior arrangements with many insurers and health plans to accept assignment of benefits and participate in most insurance plans, including Medicare and Medicare Advantage plans. We are happy to file insurance to your primary and secondary insurance as a courtesy. Your insurance will be verified prior to each visit or procedure. If we are unable to verify your coverage prior to your visit, you will be considered a self-pay patient and payment in full will be expected until your coverage can be re-established.

Minor Patients: Patients under the age of 18 will not be seen without a parent/guardian present or without signed consent form. For all services Rendered to minor patients, we will look to the adult accompanying the patient for payment.

Self-Pay Patients: For all services rendered to patients without insurance or proper proof of insurance, a self-pay discount will be applied to your account. Payment is due at the time of services rendered unless previous arrangements have been made with the billing office. Should any test performed result with any abnormalities, additional testing may be required and will fall under the patients' responsibility for those charges.

Insurance Coverage: If your insurance changes, please notify our office prior to your visit so that the necessary updates can be made to ensure you receive the maximum benefits. We will submit your primary and secondary insurance claims; however, resolving any claims issues that require additional information from you are your responsibility. If additional information is requested, failure to respond to VIM or your insurance company will result in the unpaid balance being moved to your financial responsibility. If your insurance company does not respond to our claim with payment or denial within 45 days, unpaid charges may be billed directly to you. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any specific questions you may have regarding your benefits, deductible, and coverage limitations.

Co-payments, Co-Insurance and Deductibles: Payment of co-payments, co-insurance and deductibles are part of your contract with your insurance company and are required per our agreement to accept your plan. Please help us in upholding the terms of these contracts by paying your co-payment at each visit. We will attempt to verify your out-of-pocket expenses prior to any procedures being performed but pre-certification does not guarantee payment by your insurance company and therefore could become patient responsibility after the claim has been paid. If we cannot determine this amount at the time of your visit, patient responsibility will be assigned after your insurance company has processed the claim and submitted payment to VIM. This balance is due upon receipt of your statement.

Non-covered services: Some recommended services may be ordered by your provider but may be deemed as not reasonably necessary by Medicare or your insurance company based on plan limitations and/or your benefit structure. When possible, you will be advised in advance if we believe the service may not be covered, the reason it may not be covered and the anticipated charges for these services. Services that are never covered or services that exceed your limits of coverage will be billed directly to you. For example, Medicare only covers a well-woman exam every two years. If you have scheduled these visits annually, you will be charged for the service that exceeds frequency limitations. For traditional insurance, annual physicals are typically scheduled at least 366 days apart. If you are having cosmetic procedures, payment in full is expected at the time of service and no claim will be filed to your insurance. We will try our best to notify you of these circumstances; however, understanding the benefits of your insurance is ultimately your responsibility.

Multiple Statements: CGHVC bills for services provided by the physicians and providers in the practice. Ancillary services such as laboratory, pathology, or radiology services, etc., may be billed by an outside medical vendor. Therefore, you may receive separate statements from those offices. Please pay each statement separately.

Non-payment: If any balance is over 90 days past due, your final statement will notify you that you have 20 days to pay your account in full to avoid being turned over to an outside collection agency. Partial payments will not be accepted unless a payment agreement has been established and followed as scheduled. If at any point a payment is missed, the collection process will pick up where it left off and the account will be referred immediately to an outside agency. In the event your account balance is referred to a collection agency, your account will be made inactive, and you will be dismissed from Central Georgia Heart and Vein Center. Additionally, because of the high expense related to using an outside collection agency, additional fees will be added to your account to help cover that additional expense.

Credit Balances: In the event that a credit balance is created for any CGHVC service date, we will verify that there are no outstanding balances on any other date of service and no upcoming appointments before initiating a refund. Because of

the administrative expense of processing a refund, any credit balance of $20.00 or less will remain on the account for use at a future visit unless the refund is specifically requested by the patient or guarantor.

Our practice is committed to providing the best treatment to our patients. In return, your adherence to these office and financial policies is requested and expected. Please let us know if you have any questions or concerns. I have read and understand the Central Georgia Heart and Vein Center policies dated and agree to comply with these terms as outlined above.

Patient Signature: