

## ***The Cardiovascular Specialists Financial and Office Policy***

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**Thank you for coming to The Cardiovascular Specialists (TCS). We are dedicated to providing you with the best possible care and service. We believe that good care for you starts with good communication, and we have created this policy to help our patients understand the responsibility that they have for payment of our fees. If at any time you have questions or problems with our fees or payment process, please don't hesitate to contact the staff in our Business Office at (855) 326-1251.**

**No Insurance/Self Pay:** If you do not have health insurance then payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make arrangements prior to your services with one of our Scheduling Coordinator. You may reach them at (508) 540-0604.

**Patient Balances, Deductibles and Co-Insurance:** If you have any deductibles and/or co-insurance balance due after your health insurance company has processed the claim, a statement will be sent to you. Payment is due within 30 days of your first statement. If you cannot pay this balance within the 30 days, please contact us and we will help you to arrange a payment plan on these balances.

If you do not agree with the patient responsibility amounts set by your insurance or government program, this is a matter between you and that program. We can provide you with information about your care and billing to help you discuss this with them, but we still require you to promptly pay your balance while you work out any discrepancies with them. We are obligated by contract and law to collect these balances from you.

Outstanding balances greater than 90 days will be considered for collections if you do not make payment or contact us to make arrangements. If needed, you may apply for our financial hardship program with our business office.

**Insurance:** TCS participates with most health insurance plans. Your insurance plan is an agreement between you the patient and your health insurance carrier. Many insurance plans have co-insurance, deductibles, and co-pays. The patient is responsible to pay these balances.

Please bring your insurance card(s) with you to each visit. You will need to present your insurance card to the front desk each time you check in.

**Co-Payments:** All co-payments must be paid at the time of service. This is the agreement and contract you have with your insurance company.

**Referrals/Authorization:** Many health insurance companies require you to have a referral and/or authorization from your primary care physician prior to your visit with us. You are responsible to make sure the referral is in place prior to your service. You may reach our Referral Coordinator at (508) 495-7052 to verify this.

If a referral is not in place at the time of your appointment, you will be required to sign a waiver prior to any service rendered stating that you are financially responsible.

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**Health Safety Net Program:** The Cardiovascular Specialists providers are not eligible to be reimbursed by this program. If you are covered by this program, you will need to contact their office to find a clinic/provider that is eligible to accept this program. If you do have services by our providers, you will be financially responsible for the entire amount.

**MASSACHUSETTS RESIDENTS HEALTH INSURANCE REQUIREMENT** - The Health Care Reform Law requires most Massachusetts residents 18 or older to have health insurance. You will be penalized on your Tax Return if you do not have health coverage. You can go on line to [www.MAhealthconnector.org](http://www.MAhealthconnector.org) or call 1-877-623-6765 to get more information on how to enroll.

**Payment Method:** We accept cash, checks, American Express, MasterCard, Discover, Visa and Debit cards.

**Returned Check:** There will be a \$25.00 fee for any check returned by the bank. We do not reprocess any returned checks.

**Short Term Skilled Nursing Facility:** If at any time you are a resident in a short term skilled nursing facility, you must notify our staff at check-in, prior to your service, of the name of the facility and the date you started treatment there.

**Workers Compensation/Auto Accident:** It is your responsibility to inform us that your service is covered under a workers' compensation claim or due to an automobile accident. You must provide us with all the appropriate billing information and a contact name and phone number regarding your claim.

**Demographic Information:** You are responsible to notify us of any change to your address or phone number. Your information will be verified each time you check in for your visit.

**Canceled Appointments:** If you are unable to keep your scheduled appointment, please call our office at least 24 hours in advance to reschedule. If you no show or cancel less than 24 hours of an office visit you may be charged \$50 and for any testing you will be charged \$100 (these fees are not covered by insurance). This will allow us to provide that appointment time for another patient.

**Patient Confidentiality:** Your medical information remains confidential at all times. Please refer to our Privacy Notice. We will automatically release your records to your insurance company if requested in order to have your claim processed.

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We thank you for choosing us as your healthcare providers.

### **Important Numbers**

Main Number – (508) 540-0604

Billing Office – (855) 326-1251