

# Palm Coast Cardiovascular Institute

## Office Policies

Thank you for choosing Palm Coast Cardiovascular Institute as your health care provider. Please take a moment to read and become aware of our office policies. I will be more than happy to discuss any questions with you at anytime. Please keep your address and phone number current with our office. We consider the patient responsible for keeping us current with your contact information.

**Contact Information - Please keep your address and phone number current with our office.**

**Financial Policy** – Your insurance is your responsibility. My primary responsibility is to provide you with the best medical care possible. If in my medical opinion you need any appointment with another physician, a procedure, a test, etc., you will be advised of that. This does not always mean that the service is a covered benefit provided by your insurance. It is your responsibility to be aware of what your insurance policy may or may not cover. Therefore, it is important that you read your insurance policy very carefully. For your benefit I participate with numerous insurance companies. It is impossible for me to keep track of covered benefits by each and every insurance company. Each company has their own rules determining benefits and covered services. You are ultimately responsible for payments for all services rendered. You are expected to pay any co-pays and outstanding balances at the time of your visits. To avoid additional financial cost, please keep your insurance information updated.

**Billing** - Billing will be processed through an outside billing company. Remember that your insurance cannot be properly billed if we do not have a copy of your current insurance cards on file. Please ask us if you would like to confirm what is on file. For any remaining balances after payment by your insurance company you will be billed. Payment is due upon receipt of your statement. You are expected to make prompt payments of any outstanding balances due. If not payment is received or payment arrangements made with our billing office, your account may be forwarded to a collection agency without further notice. Any collection cost will be assigned to you. The phone number to the billing office is 386-274-5712. **Please keep your address and phone number current with our office.** We consider the patient responsible for keeping us current with your contact information.

**Miscellaneous** - For a returned checks there will be a fee assessed to your account of \$25. For routine medications refills you should contact your pharmacy first. If you have no further refills do not call us, instead ask your pharmacy to fax us a request. This will expedite the process tremendously and you can expect to have the refill request back in the pharmacy within 3 business days. For mail-in prescriptions we need 3-5 business days notice before the prescription is ready for pick-up. Due to the increased number of patients misplacing lab slips, x-ray requests or similar documents given to you in the office, there will be a \$5 fee for reproduction. Please allow 5 business days for the copies to be ready for pick-up. We do not mail any documents to patients; we expect patients will pick them up.

### Statement

I have read , understand and I am willing to abide by the above policies. I understand also that I am responsible for knowing the coverage and benefits allowed under my insurance policy.

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Signature of Patient/Guarantor

Date

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