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## PATIENT FINANCIAL POLICY

Thank you for choosing The Arrhythmia Institute for your health care needs. This patient financial policy has been developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of and compliance with our patient financial policy is important. Please read the policy below, sign as indicated and contact the billing staff at 215-710-7045 if you have any questions. The original will be maintained in your file and a copy may be provided to you upon your request.

### **PAYMENT IS DUE AT THE TIME OF SERVICE.**

For your convenience we accept VISA and MasterCard, as well as checks and cash.

### **INSURANCE**

If you are a member of an insurance plan with which we participate, we will file your primary insurance for you. At the time of service, your responsibility will be the authorized co-payment, deductible, and/or co-insurance. You will receive a statement for any additional amounts your insurance company deems your responsibility after processing its claim. Please check with your insurance company to verify our participation with your particular insurance company or plan.

If you have insurance coverage with a plan for which we do not have a contract agreement, you will be considered a self-pay patient or your out-of-network benefits may apply to your visit. If you are a self-pay patient, charges for your treatment will be totally your responsibility and due at the time of service. If you have out-of-network benefits, your insurance will pay at a lower percentage and deductibles will apply. You will be responsible for any deductible and coinsurance at the time of service. All insurance coverage is a matter between you and your insurance company, and you are ultimately responsible for payment.

### **REFERRALS/AUTHORIZATIONS**

If you have a policy with a Health Maintenance Organization (HMO, MC, POS or EPO), it is your responsibility to obtain a referral from your primary care physician for your visits.

### **NUCLEAR STRESS TESTS**

Radioisotopes used to perform nuclear stress tests are ordered for individual patients 24 hours before the scheduled test date. If you are unable to keep an appointment for a nuclear stress test, please cancel the appointment within 24 hours.

### **RETURNED CHECKS**

A service charge of \$25.00 will be charged for any returned checks.

I have read and understand the financial policy and I agree to be bound by its terms. By signing below, I assume full responsibility for any balance owed after my insurance plan has paid. (**NOTE:** Even if you refuse to sign this form and you elect to receive services-You are still 100% responsible for any fees.)

**Patient's Name (PRINT):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_