

Fort Bend Cardiology, P.A.

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FINANCIAL POLICY

Our doctor and staff are very concerned about the cost of your healthcare and want to address some current issues related to the cost of medical services in this office. It is a statement of our financial policy.

Considerable care has been taken in setting our fees. We want to assure you that your charges accurately reflect the complexity of care rendered and the skill and expertise required for your care. Our fees are comparable with fees of other specialists in this region.

Our policy requires payment at the time of the service, unless other arrangements are made in advance.

HMO AND PPO MEMBERS: If you are a member of an HMO or PPO in which we participate, your deductible and/or co-pay are required at the time of service unless other arrangements are made in advance. It is your responsibility to see that we have a current referral on hand if your insurance carrier requires one. If we do not have the referral at the time of your visit, your insurance company may hold YOU responsible for all charges. You may also be sent back to your Primary Care Physician prior to being treated to obtain a current referral.

If an insurance company indicates our physician's fees are above the "usual and customary" please understand that most physician's fees are above the rate which the insurance companies choose to pay. The insurance company's rate is most often lower than the current fees normally charged by any physician. We use many sources to determine the appropriateness of our fees. We cannot and do not allow the payment, or allowance, or insurance companies to set the amount we charge for service.

Our agreement is with YOU and NOT your insurance company. You have chosen your insurance coverage. Although we will assist you in submitting your claim to the insurance carrier, you are ultimately responsible for payment for the services you receive. Payment to our office is not contingent or dependent upon your insurance carrier.

MEDICARE MEMBERS: Our doctor is a participating provider for Medicare. You are responsible for 20% of the Medicare allowable. You may also be responsible for services not covered by Medicare. If you have a supplemental policy, we will file as a convenience for you.

PATIENT WITH NO INSURANCE: There will be a 20% discount for patients that do not have insurance. Financial agreements will be considered on an individual basis.

A collection agency may take over delinquent accounts. If your account is placed with a collection agency, you will be responsible for payment of ALL cost of collections. There will be no interest charged on balances that are being paid off in a timely manner. Timely payment will also prevent consequence to your credit rating.

Returned checks will receive a **\$25.00** overdraft charge.

If you have any questions about our financial policy or your insurance reimbursement, please feel free to discuss then with any accounting staff member.

My signature on this form is evidence of the fact that I have read the entire form, understand same, and have obtained satisfactory answers to any question I may have about my financial responsibilities under this policy. I agree to pay; in a current manner any balance of said professional charges.

Patient/Responsible Party Signature

Date