

SLEEP & CARDIOVASCULAR HEALTH FINANCIAL & OFFICE POLICIES

Welcome to Sleep & Cardiovascular Health! We are pleased you have chosen us as your healthcare provider. We are committed to providing you with the highest level of professional medical care. Your clear understanding of our financial and office policies is very important to our professional relationship. We ask all patients to review and sign this policy, asking questions as necessary. A copy will be saved to your chart which can be viewed on your patient portal.

Payments for Services

Although Sleep & Cardiovascular Health may participate with third party payment plans, we perceive your insurance coverage as a contract between the insurance company and you. We will bill your insurance company and secondary company as a courtesy on your behalf; however, if payment is denied the responsibility will be billed to you. You are responsible for updating your insurance information prior to each appointment or billable service. Failure to do so may result in nonpayment by your insurance company.

It is ultimately your responsibility to be aware of your insurance coverage, policy provisions, exclusions, and limitations, as well as authorization requirements as provided by your insurance company.

Co-insurance and co-payments are the patient's responsibility. Co-payments are due at the time of service.

Deductibles are the patient's responsibility as well and is determined by the contract that you have with your insurance carrier. Deductibles are renewed at the beginning of each calendar year or with a new start date of eligible coverage. It is your responsibility to maintain awareness of deductible amount and any balance met. Your billing claim will be submitted to your insurance company, and you will be billed for the balance once returned.

Account balance will be billed by monthly statements and is due upon receipt of statement. Balances that are past due after 60 days from the first bill are subject to a late fee. Balances that are past due after 90 days are subject to being sent to a collection agency.

Payments may be made by cash, check, major credit card and can be paid in office, by mail, or via your patient portal. A credit card service fee may be applied.

Checks returned by the financial institution will incur a \$35 service fee for nonpayment.

Payment plans may be arranged with approval from the business office for balances over \$100.

Additional Fees

Due to scheduling and facilitating patient care, we require a 24-hour notice to cancel or reschedule an appointment. Failure to notify us in this timely manner will result in \$50 fee on your account payable prior to next appointment.

Patients who do not show for scheduled appointments will be charged a \$75 fee. You will receive up to two appointment confirmations prior to your scheduled appointment, and it is your responsibility to notify the office of your intentions to keep or cancel your appointment in a timely manner.

Additional fees may be charged for medical record copies, completion of paperwork requested by patient, staff services required by insurance company on behalf of the patient, etc. Prior authorizations for generic medications will incur a \$25 fee with additional charges based on time required by our staff with your insurance company.

If you have a sleep study with Springhill Medical Center, there will be an additional professional interpretation fee in addition to the sleep study facility fee charged by Springhill Medical Center. This fee will be submitted to your insurance as provided and you will be responsible for any balance once claim has been paid. You may inquire about this fee with your insurance policy.

Outside Labs and Medical Tests

Pertinent lab work or medical tests may be ordered for evaluation or management of your health conditions or surveillance of health. These tests are requested to be completed at least 1 week prior to your appointment to

facilitate patient care in a timely manner. Failure to do so, may result in delay of care or scheduling an additional follow up appointment or rescheduling of the initial appointment.

Prescription Medications or Orders for Medical Needs

Your prescribed medications or orders for medical needs will be provided with each appointment as applicable. **Refills will be provided at each appointment for the allotted time period until you are advised to return for your next appointment or as required by law. Request for refills may not be honored outside of your appointment times. Patients receiving controlled substances will need to be seen by appointment only for refills.** Every patient will need to have an appointment once a year to maintain a proper care plan and have orders updated. After 3 years without an appointment, you will be considered a new patient.

Contacting our Office

We are committed to services for patients in clinic. **You may contact our office via portal messaging or phone call for nonemergent issues.** We will work diligently to return your call or message within a timely manner. For urgent situations regarding care or conditions provided by our office, please call office at 251-278-6022 and speak with someone at the front desk. For emergencies, please seek care at your local emergency room.

Acknowledgment

Our practice is committed to providing the best care for our patients. Our fees and policies are within the usual and customary practices for our area. A signed copy will be placed in your chart and viewable on your patient portal.

Please initial

_____ I have read, understand, and agree to this financial and office policy.

_____ I authorize Sleep & CardioVascular Health to furnish information to my insurance carrier concerning my diagnosis and treatment and hereby assign to the medical practice all payment for services rendered to myself or my dependents.

_____ I have read and understand the Notice of Privacy Practices and can obtain a copy upon request.

Signature: _____ Date: _____

Printed Name: _____ DOB: _____