

NORTH TEXAS HEART CENTER

FINANCIAL AGREEMENT

North Texas Heart Center files insurance claims for all services with Medicare, primary and secondary insurances. Patients are billed for the remaining balance after all payments have been received from the insurance companies. Any non-covered services are the financial responsibility of the patient. In the event that payment for a service performed is denied by the insurance carrier, it is the patient's responsibility to pursue action with their insurance carrier, as the policy is a legal contract between the patient and the insurance company.

The patient is responsible to provide a copy of their current Insurance Card to NTHC at the time of service. NTHC will not take responsibility for timely filing to the carrier if the current and correct Insurance Policy is not provided at the time of treatment. **Insurance Policy information provided after the date of treatment may result in a denied claim due to the carrier's timely filing deadline; this balance will be the patient's responsibility to pay.** If the patient has no insurance coverage they are financially responsible for all charges incurred. **Co-payments and/or deductibles are the responsibility of the patient and are payable at the time of service.**

"Failure to pay the balance on your account in accordance with the North Texas Heart Center Patient Financial Agreement; may result in your account being sent to a Collection Agency and the Credit Reporting Agencies.." The patient accepts responsibility to provide and update NTHC with their current home address, home telephone, cell phone, employer telephone, facsimile number, e-mail addresses and alternate telephone numbers, etc. for express communication by a NTHC staff member and or the Collection Agency authorized by NTHC to contact them to collect any debt owed. Communication by NTHC and the authorized Collection Agency will also include the use of automatic telephone dialing systems. Patient will notify NTHC and the Collection Agency in the event this debt has been included in their personal Bankruptcy within 10 days of the court approved Bankruptcy. It is the patient's responsibility to update NTHC and the authorized Collection Agency in writing of all changes to their personal contact information indicated above within 10 days of the current information becoming invalid.

(_____) Patient's Initial

Effective February 1,2010 , all patients who fail to cancel or reschedule their appointment within 24 hours of the appointment will be charged \$25.00; with the exception on Nuclear Studies which will be a charge of \$75.00. This amount will be billed directly to the patient.

BY SIGNING THIS, I UNDERSTAND THAT PAYMENT IS EXPECTED AT THE TIME OF SERVICE. IF MY PHYSICIAN IS A PARTICIPANT IN MY HEALTH PLAN, I MUST PRESENT A VALID INSURANCE CARD OR REFERRAL (IF APPLICABLE) AT TIME OF SERVICE AND PAY MY RESPECTIVE COPAYMENT PRIOR TO CHECKING OUT OF THE OFFICE. I UNDERSTAND THAT I MAY BE RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY MY HEALTH PLAN WITHOUT LIMITATION OF DEDUCTIBLE, COPAYMENT OR COINSURANCE AMOUNT.

Date: _____ Signature _____
(Guardian, If patient is under age 18)

For the purpose of complaints, contact the
Para el proposito de quejas, contacic la officina de
Texas Medical Board, Attn: Investigations
P.O. Box 2018, MC-263
Austin, Texas 78768