

## **HeartPlace HEB Financial Agreement**

Thank you for choosing HeartPlace for your cardiovascular needs. The patient financial agreement was developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of our patient financial agreement is important to our professional relationship. Please read the agreement below and sign where indicated.

- Copayments, Deductibles, & Co-Insurance: It is also your responsibility to be aware of your co-pays, deductible, and co-insurance amounts. We expect all co-payments, deductibles and co-insurance to be paid at the time of services unless other arrangements have been made in advance. In addition, each time you come to our facility, you will be asked to pay balances on past due accounts and on current balance owed.
- **Referrals:** If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment.
- **Authorizations:** Obtaining prior authorizations for services is not a guarantee of payment. A prior authorization means the information given at the time meets the medical necessity for the service, but not a guarantee of payment.
- **Self Pay Patients:** Payment is expected at the time of service unless other financial agreement has been made prior to your visit.
- **Medicare Patients:** We will submit all claims to Medicare. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one. If you do not have a secondary insurance the 20% co-insurance I payable at the time of service.

I understand and agree that I will be financially responsible for any and all charges for services not paid by my insurance company.

Patient Name:	DOB:
(Please Print)	
Signature:	Date:
(Patient or Responsib	le Party)
Responsible Party Name:	
-	Print Name of Responsible Party if different from Patient)