

Drs. Bartlett & Esnard, PC at



*Cardiovascular Disease, Vascular and Interventional Cardiology*  
*ICAEL Accredited Echo Cardiovascular Laboratory*  
*ICANL Accredited Nuclear Cardiovascular Laboratory*

### Financial Policy

We would like to thank you for choosing us to provide your cardiovascular care. We will do our best to provide you with good care and service. Our goal is to keep you informed, and with that in mind, we ask that you review this financial policy. This is a mutual commitment between our practice and you as a patient. Please read this policy carefully and sign where indicated. If you have any questions, the contact information is provided for our billing service.

- We accept most insurance plans; however, it is your responsibility to be sure that we are on your plan before scheduling.
- We file your insurance claims as a courtesy to you. Please remember that as a patient, you assume full responsibility for any co-payments, deductibles not met, and any co-insurance payments on all services not covered by your insurance company.
- Be prepared to pay your co-payments and expected portion of fees at the time of service. Your co-payments will be for a specialist visit. You will be asked to pay on any outstanding balance as well. Payments can be made by cash, check, or credit cards. If you cannot meet this responsibility, please contact our billing service at 478-750-7780 prior to any appointments.
- You must be prepared to present your insurance cards when checking in at each visit. A copy of your Driver's License will be necessary for the first visit of the year. This is to ensure that we have the most current information in your record. At the beginning of each year or at your first appointment of the year, you will be asked to review the information we have for you, make any changes, and sign the form. Please call the office during the year if there are changes in your insurance, phone number, or address.
- If you have a hardship requiring financial considerations for your patient balance responsibility, you must speak to our billing service for this protocol. Their contact number is 478-750-7780.
- If your insurance company requires that you have a referral from your primary provider, it is your responsibility to be sure this is done before your appointment can be scheduled. Your Primary Care Provider will assist with this task.
- Patient accounts will be in default if payment is not received within 30 days of the statement being mailed to you. You will receive a statement at the beginning of each month. If for some reason you are not able to pay your balance in full, please contact our billing service at 478-750-7780 to discuss your balance.
- You will receive statements and have the responsibility to pay your outstanding balances within 90 days from the time your insurance has paid and it becomes your account balance. PLEASE NOTE that a 3% fee will be added on to your outstanding balance each month. If we have not received payment or been contacted to arrange a payment budget plan, your account will be considered delinquent. Primary and secondary plans normally pay within 60 days from the date of services filed. Any portion that becomes your balance is your payment responsibility. You will start receiving statements once your insurance plans have paid their allowed payment on

each service. After receiving two statements without payment or the establishment of a reasonable payment agreement, your account will become delinquent. If it becomes necessary for your account to be forwarded to our collection agency, you will not be able to receive further services until your account has been resolved with our billing service. PLEASE NOTE there is a NO SHOW FEE of \$50.00 for missed office visits, and \$100.00 for missed procedure appointments.

\*Returned checks will be rerun once to ensure there was not a timing problem at your bank. If returned twice, there will be a \$35.00 fee applied to your account balance.

- If you do not have insurance coverage and would like to get additional information on our self-pay fee schedule, contact our billing service at 478-750-7780.
- Our staff will contact your insurance company to obtain a pre-authorization for any procedures that are recommended. They will also get information on your current outstanding out of pocket expense still remaining on your policy. You will be notified prior to scheduling your procedure as to what you must pay or make arrangements to pay PRIOR to your procedure date. Once this responsibility is met or arrangements are made, your procedure will be scheduled.
- For your convenience, we accept all forms of payment, including cash, checks, and all major credit cards. Credit card payments can be made by telephone to the office or billing department at 478-750-7780.

I have read and understand this Financial Policy and accept my responsibilities accordingly. I understand that I should direct any financial questions or concerns to the billing service at 478-750-7780 or by email to [hps125pc@gmail.com](mailto:hps125pc@gmail.com).

Patient \_\_\_\_\_ Patient Signature \_\_\_\_\_  
Print Name

Date signed \_\_\_\_\_