



Patient Label

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Insurance is complex, and each insurance policy we encounter is different. While Vincent Vein Center (VVC) staff will assist you to the best of our ability, it is your responsibility to obtain such information as deductible, co-pay, and co-insurance directly from your insurance company. It is important to keep in mind that an insurance policy is an agreement between the insurance company and you. Because VVC is **not** a legal party to this agreement, you must be diligent in self-educating about the particulars of your individual policy.

If payment is denied by insurance, even if a procedure is pre-authorized, you are ultimately responsible for payment. I understand that I am responsible for copays, co-insurance, and any non-covered services and claims denied by insurance and agree to pay any and all costs of collection including attorney fees, collection fees and court costs. I understand that any unpaid balance will be assessed interest at the rate of 18.00% (1.5% monthly). I hereby authorize Vincent Vein Center and its employees, agents, and assignees to contact me via e-mail, text messaging and to my cellular devices using automated telephone dialing systems.

Please review the following patient responsibilities:

- Payment is due at the time of service unless other arrangements are authorized by VVC. **Any payment arrangement must be made prior to the service being rendered.**
- We reserve the right to charge a fee of \$25-\$50 if you no-show for any scheduled appointment or for canceling fewer than 24 hours in advance of scheduled appointments.
- It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.
- Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility. This includes Medicaid and patients without insurance. **Any service not covered by insurance is payable at the time the service is rendered.**
- We must keep on file a copy of each patient's current insurance card, front and back. It is your responsibility to ensure that VVC is provided the most current information.
- Most insurance policies dictate reimbursement rates, deductible, co-pay, and co-insurance amounts. This means that **your insurance plan** determines how much you will be required to pay us. We are OBLIGATED BY LAW to collect the amount due as insurance dictates. It is your responsibility to know your deductible, co-pay, and co-insurance information.
- In most cases, your deductible must be satisfied before insurance will reimburse for our services. This means that you will be responsible to pay to VVC any deductible amount determined by your insurance to be due at the time of your services. Pre-authorization of benefits and/or advisement by VVC that insurance will cover our services does not mean that you don't have to pay your deductible.
- It is our general practice to submit claims to your insurance and then bill you for your portion after your insurance company has determined your share. Insurance companies process claims on their own schedule, and it can take a long time – in some cases up to a year. If this happens, you may receive a billing statement well after your treatment has been completed. We strive for timely billing, but your insurance company ultimately determines your billing timeline.

- Please be advised that we are contracted with an outside billing service, American Physician Financial Services (APFS). VVC's office staff can provide assistance with general questions, but if you have any detailed insurance or billing inquiries, please contact APFS directly at 970-623-7765.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Signature

Date