



3535 N. Webb Road, Wichita, KS 67226 [316-686-5300]
9000 W. Central Avenue, Wichita, KS 67212
700 Medical Center Dr., Suite 102, Newton, KS 67114
1719 E. Cambridge, Suite 101, Derby, KS 67037

PAYMENT POLICY

Methods of payment include Cash, Check or Credit Card. We accept Visa, Master Card and Discover. We are also able to take payments on account over the phone via credit card.

INSURANCE Insurance cards are required at every visit.

We participate in most insurance plans as a courtesy to our patients. We will file a claim with your insurance carrier(s). If you are not insured by a plan we do business with, or you do not have your current insurance card with you, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. We will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to deductible, co-payments, co-insurance and non-covered charges.

MOTOR VEHICLE ACCIDENTS AND PERSONAL LIABILITY ACCIDENTS

If you receive treatment as a result of a vehicle accident or other liability accident, Heartland Cardiology will hold you personally responsible for your bills. Since cases may require many months to resolve, Heartland Cardiology cannot wait for final decisions.

COVERAGE/ADDRESS/PHONE NUMBER CHANGES

It is your responsibility to inform us of any changes in your coverage, address, phone number or employment status.

CO-PAYMENTS

Co-payments are due before you are seen by the provider. This is a contractual requirement dictated by your insurance. Co-pays are to be paid at every visit and will not be billed.

FORMS COMPLETION

Base fee for completion of forms, which the provider and/or staff are requested to complete, will be \$25.00. This fee may be increased based on the time spent completing the form. You may be required to see the physician before this form is filled out. This may include, but is not limited to, the following forms: Family Medical Leave, Disability, prior authorization of medications, etc.

PAYMENT ARRANGEMENTS (All payment arrangements are subject to approval)

Payment for services not covered by insurance is required to be paid in full at the time of service. Payment arrangements will not typically be approved for office visits, which need to be paid at the time of service. If you need to set up payment arrangements on other services, it will be set up the following way:

- **90-day Plan:** The balance is divided by three equal payments to be paid for three consecutive months. This will need to be set up by one of our Patient Account Team Members. Please visit with the Business Office and they will be happy to assist you.



We are unable to hold accounts for extended periods of time. However, if you are unable to pay off your balance in 90 days, you may contact our Patient Accounts Team who can review other possible options with you. Once an acceptable arrangement is agreed upon in writing, it will not be renegotiated. Failure to pay as agreed upon will void the agreement and the account may be turned over to collections.

An account is considered delinquent when:

- a. No payment arrangements have been made within 30 days of final insurance payments.
- b. There is no response to phone calls and/or letters.
- c. Terms of established arrangements are not met.

CONTACT RELEASE INFORMATION

My signature below indicates my agreement to permit Heartland Cardiology and our business associates to contact me, and all other responsible parties on my account, on my cell phone or other mobile device concerning any and all aspects of my account.

HEALTH SAVINGS ACCOUNT (HSA) HIGH DEDUCTIBLE ACCOUNTS (\$1,000 OR ABOVE)

If you have a Health Savings Account (HSA), please visit with a member of our Patient Accounts Team and we can discuss your account with you, based on your individual benefits.

RETURNED CHECKS

The charge for a returned check is \$30.00, payable in cash, money order or credit card.

MINOR CHILDREN

The parent(s) or guardian(s) who bring the minor to the office is responsible for the co-pay, or balance due after insurance. We will not become involved in disputes between parents and guardians.

ACKNOWLEDGEMENT

I have read and understand the payment policy and agree to abide by its guidelines. I understand that I may be given a copy of these guidelines, at any time, upon request. I further understand that failure to make payment on a balance will indicate that I have chosen to voluntarily withdraw myself, and any immediate family members, from the care of Heartland Cardiology.

Signature of Patient or Responsible Party

Date Signed

Print Patient Name

Date of Birth