

# MIDWEST CARDIOLOGY ASSOCIATES, P.C.

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## FINANCIAL POLICY – **BENEFIT ASSIGNMENT**

We make every effort to keep down the cost of your medical care. Payment is due at the time services are provided unless other payment plan(s) have been set up. It is the patient's responsibility to bring to our office his/her insurance card and insurance information. Patients enrolled in health insurance plans must pay for services in accordance with the laws or contracts governing those plans.

## NUCLEAR TESTS, ECHOCARDIOGRAMS, ULTRASOUNDS, PROCEDURES

We accept insurance assignments for services provided you give us complete, accurate insurance information and we are able to verify your coverage before services are provided. Our Pre-Certification personnel will help you to take care of this. While we are happy to help you receive the maximum benefits allowed by your insurance carrier, bear in mind that it is your responsibility to pay as a deposit any deductible amount, coinsurance or any other balance not paid by your insurance company, prior to receiving services. Even though we assist you in receiving reimbursement from your insurance company, please understand that you, the patient, ultimately have the final responsibility for your bill. If you have no insurance and need help, our Business Office personnel will help you to work out an agreeable payment program. We may require a deposit before elective hospital procedures.

## LIABILITY AND WORKERS' COMPENSATION

We do not accept assignment in the case of liability actions. Payment of the bill is the responsibility of the person receiving treatment. We ask that our bill be paid promptly. We will, of course, furnish your attorney with your medical record provided a signed release accompanies your request.

In order for us to accept assignment of workers' compensation insurance, the patient must bring a written acceptance of financial responsibility from his/her employer or the employer's workers' compensation carrier. However, the patient is still responsible for the bill if the insurance carrier does not pay within 60 days. If you have any questions about our FINANCIAL POLICY or your health care insurance, please call our Business Office at (913) 253-3060.

## MEDICARE

We accept assignment on Medicare claims. Medicare patients will be required to show proof that they have met their deductible for the year. You must provide information on any insurance coverage you have in addition to Medicare. If Medicare is your primary coverage, we will file a claim with your secondary or supplemental insurance as a courtesy, however after 60 days any remaining balance due from the secondary carrier will become the responsibility of the patient. If Medicare is the secondary insurance, we will bill Medicare in addition to your primary insurance. You remain responsible for Medicare deductibles and coinsurance as well as deductibles and coinsurance under your primary plan that are not covered by Medicare. If your claim may ultimately be paid by workers compensation or automobile or liability insurance, we will bill Medicare for conditional payment on your behalf if the other insurance is not expected to pay promptly. You will be responsible to Medicare for taking whatever action is necessary to obtain payment from the workers compensation, automobile or liability insurer."

## MANAGED CARE, HMO'S AND PPO'S

We are contracted with many Health Maintenance Reward Organizations (HMO) and Preferred Provider Organizations (PPO). Because each plan is different, please refer to your insurance handbook for specific requirements regarding office visits or surgical procedures. It is impossible for our staff to give you advice regarding your coverage, as each person's plan is different. It is your responsibility to understand your coverage. The responsibility for payment is the responsibility of the person receiving the services.

Most HMO's require you to select a primary care physician (PCP). You must go to your PCP for all your medical care. Only your PCP can refer you to one of our doctors. If you are referred to us, it is your responsibility to make sure the referral gets to our office. Without the referral you will be responsible for payment of all services rendered. Your test will not be administrated at the scheduled time.

“PPO's usually pay a lower share if you see physicians who are not contracted with the PPO.” PPO's require you to see only physicians who are contracted with the PPO. If you are uncertain about a physician's participation, call our office and ask if he participates in your PPO. You can visit any doctor that participates in your PPO without prior approval. Some procedures and most surgeries require pre-approval, but we will help you to obtain that authorization when we know what treatment you require. Patients in PPO's should bring proof of having met their deductible.

## CO-PAYS

As a rule both HMO's and PPO's require you to pay a "co-pay" usually \$20.00 to \$40.00, each time you have an office visit. As preferred providers with your plan, we are required by contract to collect the co-pay at the time of the visit

## SELF-INSURED PATIENTS

If you do not have coverage with one of our contracted insurance companies, payment for all services rendered is due when you come to the office. Before you schedule your appointment the receptionist will have you speak to someone in our billing office to discuss our fees and an estimate of payment due.

## PAYMENT METHODS

We accept VISA, MASTERCARD, personal checks, cash, and cashiers checks. Personal checks will be presented to your bank one time. Any returned checks will be charged at a fee of \$30.00. You will be extended one opportunity to come to the office and pay cash for your returned check plus the return fee. After 30 days the check will be turned over to our outside collection agency and handled according to the collection policy below.

## STATEMENTS/ DELINQUENT ACCOUNTS

In the event you owe a balance after all insurance(s) has been paid, you will receive a statement requesting payment. It is very important that you contact us immediately with any questions or a discrepancy regarding your bill. You have 25 days to pay the balance and/or set up a payment plan. If after 60 days unpaid balances are not paid your account will be listed as a delinquent account and sent to an outside collection agency.

I understand that I am financially responsible for payment of any services rendered to me by MIDWEST CARDIOLOGY ASSOCIATES. I have read and accept the terms of this financial policy.

Patient \_\_\_\_\_

Date \_\_\_\_\_