Patient Financial and Insurance Guidelines and Policies

***Please Read Carefully* - Notify us if you have any questions**

Scheduled appointments:
You have been scheduled to see one of the professionals at Cardiovascular Associates of Charlottesville (CVAOC). Their time has been blocked especially for you and you are expected to show up for your appointment on time

Please notify us **as soon as possible** prior to your scheduled appointment time if you need to make a change to avoid a No-Show fee for late notice or no show. The No Show fee cannot be charged against your insurance and is legally collectable according to the laws of the Commonwealth of Virginia. Please read the complete No-Show Policy (click here)

To help you understand CVAOC's financial guidelines and to anticipate any difficulties with insurance benefits you may encounter, please review this document. CVAOC provides the testing, medical and clinical services you will need for your care.

Insurance coverage is determined by the employer, Medicare or Medicaid.

To best serve you and meet CVAOC's need for timely payment of patient accounts, we have developed the following guidelines:

Determination of Insurance Benefits
Currently, we participate in several insurance networks. It is your responsibility to notify us when any information about your health insurance coverage changes. **Failure to provide us with current and valid insurance information may result in you being responsible for paying the full amount of the service.**
When you become a patient at CVAOC, we will contact your insurance to obtain information regarding the coverage you have for your care. We will pass this information along to you. If you think you have different coverage, or a different level of benefits, please notify us, so we may clarify the information. We suggest that you also call your insurance company directly for clarification.
Unfortunately, this **'verification' of benefits does not oblige insurers to pay**. Insurance companies protect themselves by stating that verification of your insurance coverage by them is:
• Not a guarantee of payment, and is
• Not a guarantee of what is actually covered and not covered

Because of this disclaimer, even when they have told you or us that a service is covered, there is no obligation for them to pay. Thus, we do require the insurance company to put any benefits in writing. The true determination as to whether a service is covered is made at the time the claim is received by the insurance company. Whether insurance will pay is dependent upon whether:

• The service you received is covered by your plan
• The reason for the service (the diagnosis) is covered by your plan
• The appropriate deductibles and co-pays have been met

Further complicating payment is that some plans require that:
• Your condition is not related to a work or automobile accident
• Certain treatment steps must be taken as instructed by the insurer. This may not always be consistent with the course of treatment that CVAOC's professionals think is best for you.

Claims Filing and Other Payment Information

● *For Insurance Companies/Networks With Which We Are Contracted*

We will file a claim for services provided that the following are verified:

- The insurance company and your particular plan covers the services provided.
- We participate in your insurance network
- We are unaware of any other restrictions on covered services.

If you have insurance with an insurer with which we participate, but your plan does not provide benefits for your diagnosis or for the procedures/services provided, then full payment is required at each visit. We expect all balances to be settled on the day services occur.

A co-payment is a set dollar amount that the insurance company designates as your responsibility. Some insurance carriers require percentage co-insurance based on the total charges for each date of service. Co-payment and co-insurance payments are due and will be collected at the time the services are provided.

IF YOU DO NOT WISH TO HAVE ANY SERVICES FILED WITH YOUR INSURANCE COMPANY, PLEASE NOTIFY THE CVAOC BILLING DEPARTMENT IMMEDIATELY AT 434-293-4072.

● *For Insurance Companies/Networks With Which We Are Not Contracted*

If we are not contracted with your health insurance company, then full payment for all services provided is required at the time of your visit. We will provide you with a statement that can be submitted to your insurance company for reimbursement directly to you.
Since we do not have a contract with your insurance company, they will not pay CVAOC. They will send your payment directly to you.

Referrals

If required by your insurance company, it is your responsibility to notify your primary care provider that you have scheduled services with our offices. You may have been referred to us by a provider other than your primary care physician. It still may be necessary for your primary care physician to know you are being seen in our office as they are often the only one who can obtain a referral from the insurance carrier. You will be responsible for any services denied by your insurance company due to not having the required referral.

Other Items

We do not want to let you get over extended. Thus, we collect in full for each service as it is provided. We strive to anticipate how much each service will cost you for each (by calculating your portion of charges after insurance is applied), and expect that costs be paid at that visit. Sometimes, however, this is not possible. In some cases, the actual charge can only be estimated. Your insurance may pay less or more than the amount of our estimate. If they pay less, you will be responsible for the balance due as determined by your insurer. If they pay more, we will send credit your account for your next visit or send you a refund check.

Additional Services Provided

Occasionally, when your doctor reviews the results of a test, they determine that additional testing is needed to make a complete evaluation. When this occurs, the charges for the additional test will be submitted to your insurance company for approval.

Occasionally, our audits detect that services were incorrectly posted to your account, resulting in overcharges or undercharges. When we identify such errors, we will correct your account, resulting in a credit or a balance due.

Settling of Balances

As discussed above, there are times when insurance companies process a claim in a manner different than expected. In these cases,

• A claim may be completely denied as not covered, with no payment being made, thereby making you entirely responsible for the charge, or

• A claim may pay differently than was anticipated, also thereby making you responsible for a larger portion of the charge than expected.

When this occurs, we will first try to understand the reason for the discrepancy. Typically an insurance company will send or post an EOB (“Explanation of Benefits”) that outlines what they paid and didn’t pay and why. If we believe there are errors in the claim, we will resubmit it. If you receive an EOB that processed your claim differently than you expected, please call your insurance company to clarify. If the insurance company states that they processed the claim incorrectly, please obtain the name of the person with whom you spoke and a reference number. Call us with that information so we can note this in your account. If your insurance company reprocesses the claim and you receive the corrected EOB showing payment was made to us, please call us to correct your account. If, however, there are no errors, we will make the corresponding adjustments to your account, determine the portion of the charge you are responsible for and post this portion to your account.

Insurance Company Look Back Period

Insurance companies often perform audits of paid claims. These audits can be performed up to two years after payment of the claim. If the insurance company determines a claim was paid in error when there was no benefit, they will contact CVAOC for a refund. If this should occur we will contact you for immediate payment of these services. If CVAOC is aware of a claim that

appears to be paid in error, we will contact the insurance company before accepting the payment to verify there was a benefit. This often prevents a take back of the payment two years later.

Interest on Unpaid Balances
Should you have an outstanding balance on our account that is greater than 30 days old, we will assess simple interest on the unpaid balance at the rate of 1.5% per month. This represents an annual interest rate of 18%.

Administrative Billing Fee
When your co-pay, co-insurance or patient responsibility balance for that day's visit is not paid at the time of the service delivery, you will be assessed a $25.00 administrative billing fee and subsequently bill you for the unpaid amount.

Collection Agency
Any patient balance which is more than 90 days old is reviewed for possible submission to a contracted Collection Agency. If your unpaid account is sent to a Collection Agency you will be assessed additional fees (minimum of 33% of submitted amount) and interest per Collection Agency policies.

Patient Financial Consults
CVAOC understands that cardiac conditions are often unexpected and difficult for patients. In addition, managing insurance benefits can be time consuming. We have Patient Financial Consultants who are trained to help you with insurance issues and payments.
They can be reached at 434-293-4072

Patient Name(s): _____

Responsible Party _____

Signature _____ Date _____