

NORTH CASCADE

CARDIOLOGY

Providing excellence in cardiovascular care

FINANCIAL POLICY

Dear Patient:

Thank you for choosing North Cascade Cardiology as your cardiovascular healthcare provider. Our principal goal is to provide you with the highest quality services, and for you to receive the optimal treatments that may be needed.

It is very important to us to have an open and transparent relationship, thus we want to provide to our patients a clear understanding of our expectations regarding billing and payment. Please read and sign the following Financial Policy prior to your appointment. Should you have any questions please feel free to ask us.

North Cascade Cardiology is currently contracted with:

Medicare	Regence	Premera	NPPN/MedAvant
Group Health	First Choice	Great West	ESSENCE
L&I & Crime Victims	Tri-West	Uniform	CHPW
Molina	United Health Care	Medicaid	1 st Health Coventry
Railroad MCA	Aetna Wa & AK	Sterling PPO	Cigna

For patients who have the above named health coverage, we will bill directly and accept their compensation (plus any co-payment, co-insurance and/or deductibles) as payment in full.

We will bill your secondary insurance one time; if payment is denied or we receive no response within 30 days from the payor, the payment will become your responsibility. We will not bill a third insurance.

Private pay patients will be required to pay 50% of the bill at the time of service. If payment is made in full at the time of service a 10% discount is applied.

For patients who are not insured through any of the above named companies, we will be happy to bill your insurance company. Please provide the receptionist with the necessary information. We will bill one-time only. It will be your responsibility to follow-up with your insurance company should they deny payment for any reason. You will receive statements until payment is received in full, and that ultimately your account balance is your responsibility.

Your account will be charged a \$20.00 fee for all returned checks for non-sufficient funds (NSF). You will be asked to remit the amount of the check plus the service charge in cash within 10 days. Should your account not be cleared by then, we will refer it to our collection agency.

Failure to make payment or contact our business office within 60 days will begin the collection process on your account. There will be a \$5.00 monthly re-billing fee beginning on the 3rd statement. If there is no response to these actions, we will refer your account to collections. In the event your account is turned over to a collection agency, you will be responsible for a collection fee equal to 30% of the outstanding balance. Interest, court costs and other fees may also apply.

If you have a financial hardship, our business office will be happy to work with you. We offer several options to assist you with establishing payment plans and financial aid. We ask that these payments be made as scheduled each month.

I Have Read and Fully Understand the North Cascade Cardiology, PLLC Financial Policy.

Signature, Responsible Party

Date

Please Print Patient's Full Name

Date of Birth

Revised May 29, 2009

Please sign Page 1 and 2