

Financial Responsibility Acknowledgement

Thank you for choosing *W. Hal Skinner, MD* as your Cardiologist! At *Lexington Heart Specialists, PSC*, we are committed to providing you with the best medical care and services. Like any small business, *LHS* has financial obligations and patients are expected to satisfy their financial responsibility to us. If you have insurance or billing questions, please let us know.

Direct Payments: we are participating providers with many insurance plans and payment for your services will be sent directly to us from those carriers. The assignment you signed also directed secondary carriers to send payment to us.

Patient Payments: full payment is expected at the time of service for all co-payments and co-insurance amounts. If you have not met your deductible, or you have a balance due after insurance, we will collect that payment as well. We accept VISA and MasterCard, cash and checks. There is a \$35 fee for any NSF check.

Balance Accounts: we will send two statements for patient-due balances. If payment is not received and payment plan arrangements are not finalized, the account will be released to our collection agency. Once we've taken this action, you will be notified in writing that you have 30 days to make alternative arrangements for Cardiology care. During this 30 day notice period, we will be available on an emergency basis only. Collection fees, legal fees and court costs will be added to your outstanding account.

Non-Covered Services: we will make every attempt to obtain authorization from your carrier for services rendered, but in the event the carrier denies a claim as "non-covered," you will be responsible for all charges.

Patient

Date