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## Financial Responsibilities for All Patients (Revised 6/10)

Dear Patients:

In every professional service -- including medical -- payment is expected for services rendered. While your insurance policy may reimburse us for these services, you are ultimately responsible for the bills. *This is your financial responsibility.*

In the past, some patients have chosen to neglect their financial responsibilities and their accounts eventually had to be turned over to collection agencies. In order to minimize these difficult situations, this office has adopted the following policies, with no exceptions:

**1) Insurance Billing:** We will bill your insurance **once**, *after which any balance is your personal responsibility, for which you will receive a bill.* You understand that practically no insurance covers 100% of the bills. If you have questions regarding your own benefit coverage, please call your insurance for clarification *beforehand.*

**2) Co-Payments and Deductibles.** All co-payments and deductibles are your personal responsibility. This is the amount that your insurance company does *not* cover. *You may be responsible for the entire bill if you have a large unmet deductible.* For all office consultation and follow-up visits, Co-payments and deductibles must be collected **before** the visit.

**3) Unpaid Balance:** At each office visit, all unpaid balances must be cleared **before** the visit.

**4) Administrative Fees:** Whenever a bill is generated and sent out as the result of your nonpayment, an administrative fee of \$15 or 15% of the bill, whichever is greater, will be added. For *all PPO patients*, these additional fees apply: Initial Consultation \$25, Office Echo \$50, Office Stress test \$50, Hospital surgeries \$250.

**5) Collection:** Accounts over 180 days will be turned over to collection agencies. Delays in claim processing by your insurance does not release you of your financial responsibility.

**6) Cash Paying Patients:** We must collect **100%** of the charges **before** you are seen by the physician and **before** any procedure is scheduled.

**7) Financial Hardship:** You may receive special consideration for financial hardship by submitting your tax returns along with the property tax bills of your current residence.

**8) All patients with PPO insurances:** You must leave a credit card on file so we can charge your outstanding balance to the card.

**Credit Card Authorization**

I hereby authorize Valley Regional Arrhythmia Center to charge the credit card below in order to pay for my medical bills.

Card number \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Zip Code (Billing Address) \_\_\_\_\_

I have read and agreed to the above terms,

\_\_\_\_\_  
Patient Name: Date: