

CARDIOVASCULAR CARE, P.A.

FINANCIAL POLICY & APPOINTMENT CANCELLATION AGREEMENT

General Financial Policy

Insurance and payments: Copays may be collected at your visit. We may file claims as a courtesy. You are responsible for applicable deductibles, copays, coinsurance and noncovered charges, subject to your insurance plan and law. Please notify us of insurance changes.

Benefits and authorizations: Where permitted, you authorize direct payment of benefits to Cardiovascular Care, P.A. Referrals or prior authorization may be required; authorization does not guarantee payment.

Self-pay and balances: Self-pay patients may request an estimate and information about good-faith estimate rights. Past-due balances are handled according to applicable law and payer agreements.

Office Visit Cancellation & No-Show Policy

24-hour notice: Please call at least 24 hours before your office visit to cancel or reschedule. Missed visits and late cancellations may count as offenses.

First offense: No fee. Written warning letter, automated text or phone reminder when available, and documentation in the chart.

Second offense: \$25 fee. Third and later offenses: \$50 per occurrence. For future nonurgent appointments, live confirmation or, where permitted, payment of outstanding fees or a credit card deposit may be required.

Echo & Nuclear Stress Test Cancellation Policy

24-hour notice: Cancel or reschedule an echocardiogram (Echo) or myocardial perfusion imaging (MPI / nuclear stress test) at least 24 hours in advance.

Echo: \$100 fee for a missed or late-canceled test, starting with the first occurrence (no warning).

MPI / Nuclear Stress Test: \$250 fee for a missed or late-canceled test, starting with the first occurrence (no warning). MPI may require advance ordering of time-sensitive radiopharmaceutical materials and reserved staff/equipment.

Responsibility, Exceptions & Acknowledgment

Fees: No-show charges are administrative fees, not charges for completed medical services. They are not billed as completed services to insurance and apply only where allowed by law, program rules and payer agreements.

Exceptions: Emergencies, illness, hospitalization, severe weather and circumstances outside your control may qualify for management review. Notify the office promptly. Urgent or medically necessary care will not be withheld solely due to an administrative balance.

My acknowledgment: I have read and understand this financial and cancellation policy. I accept responsibility only for charges I am legally required to pay.

Patient name: _____ DOB: _____

Patient / responsible party signature: _____ Date: _____