

Financial Policy and Disclosures

Office Financial Policy

We would like to thank you for choosing Premier Vein and Vascular. As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

Payment

Payment is expected at the time of service. This includes co-payments or coinsurance for participating insurance companies. Payment for self-pay patients is expected at the time of service. Premier Vein and Vascular accepts cash, personal checks, and credit cards. There is a service charge of \$25 for returned checks.

Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Insurance

It is the patient's responsibility to provide us with current insurance information and to present an active insurance card at each visit. If we do not have accurate insurance information, you will be responsible for payment for the services rendered.

Good Faith Estimates

Every effort will be made on the part of our office to provide you with an estimate of your expenses prior to any diagnostic test or procedure. This estimate is made based on the information given to our billing team from your insurance company. This is not a guarantee of payment from the insurance company and your financial responsibility may differ from the estimate provided once the claim is processed.

Past Due Accounts

Failure to make payment on an outstanding account may result in your account being turned over to a collection agency. You will then be responsible for paying interest on the outstanding balance from the date your bill was due, and you will be responsible for all costs and expenses of collection including, but not limited to our reasonable attorneys' fees.

More Information

Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent patients from receiving the care they need at the time they need it.

By signing this document, I agree that I have read and understand the policies outlined above.

Signature of patient: _____

Date signed: _____