

Atlantic Cardiovascular & Thoracic Surgeons, LLC

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FINANCIAL AND INSURANCE POLICY

Thank you for choosing *Atlantic Cardiovascular & Thoracic Surgeons, LLC*. Please read and sign the following statement regarding our financial and insurance policies.

Surgical patients: Please be aware that you may receive bills from several different providers for your surgery, such as the hospital, anesthesiologist, radiologist or another specialist. A bill from our office represents the procedures performed by your Surgeon only.

If you do not have health insurance coverage:

- **Payment for the office visit, consultation or vascular ultrasound evaluation is expected the day the service is provided.**
- **You will receive an estimate of proposed surgical charges and will be expected to contact our billing office to make financial arrangements, including a down payment, prior to your surgery.**
- **If you were first seen in the hospital on an emergent basis, please contact our billing office to discuss acceptable payment arrangements immediately.**

Remember that all medical payments are tax deductible. We gladly accept



If you have health insurance, please understand that insurance is an agreement between you and your insurance carrier, and that we are not a part of that agreement. *Please also understand that we do not participate with all insurance providers.* **At all times, you are responsible for the full amount of your bill, regardless of the status of the insurance claim.**

You are responsible to:

- **Verify with your insurance carrier that services performed or proposed by our office are covered under your individual plan. We suggest you contact the customer service telephone number listed on your insurance card *prior* to being seen in our office.**
- **Obtain any authorization or referrals required by your insurance carrier.**
- **Pay our office for any deductible, co-payment or non-covered charges.**

We will file your claim with your insurance carrier as a courtesy to you, and accept direct payment from your insurance company. However, if we are not a participating provider with your insurance, you may receive direct payment to you from your insurance carrier. You are responsible for providing that payment to our office. We will mail a bill to you for the balance you owe us which may be for a deductible, a co-payment or a non-covered service. You will also be billed if we have not received any response from your insurance carrier after submitting 2-claims. If you feel your insurance should have paid for a service, you should contact your insurance carrier for resolution. We expect payment within 25-days after we mail a bill to you.

Should you need to make payment arrangements, or have questions regarding your bill, please call our billing office. We are more than willing to work with you to resolve your balance. However, delinquent accounts will be referred to a professional agency and/or attorney for collection. Any legal fees or collection fees incurred are the sole responsibility of the patient and/or patient guardian.

Patient/Responsible Party Signature

Date

Print Patient/Responsible Party Name

8/2014