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Location:

- 216-16 Union Turnpike, Bayside 26619 Union Turnpike, Queens 207-07 Hillside Avenue, Queens

*Thank you for choosing us as your care provider. We are committed to providing you with quality and affordable health care. Please review this payment policy, feel free to ask any questions you may have, and sign/date in the space provided. Please be advised that the terms of the **Cardiosmart PLLC** require the patient to provide us with full insurance information prior to receiving scheduled services from our providers. Verification of insurance plan coverage related to this visit is required prior to receiving services.*

- ✓ **INSURANCE:** We participate with most insurance plans. If we do not participate with your insurance carrier, you will be advised to sign 'No Surprise Billing Law' notification and full payment is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. We will request a copy of your driver's license (or other photo ID) in addition to your current valid insurance. If we are unable to confirm insurance coverage, or are not provided with correct information, you may be responsible for the balance of a claim, following No Surprise Billing Law guidelines.
- ✓ **COVERAGE CHANGES:** If your insurance changes, please notify us before your next visit so we can make the appropriate corrections and ensure you receive maximum benefits.
- ✓ **COPAYMENT/COINSURANCE/DEDUCTIBLE:** Your financial responsibility, per the terms of your insurance contract, is due at the time of service. You will be asked to sign an acknowledgement should you not be prepared to remit your portion of the bill, with the understanding that payment is expected at time of service for future visits.
- ✓ **NON-COVERED SERVICE:** Please be aware that some services may not be covered by your plan. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. **MEDICARE RECIPIENTS:** Should we have reason to believe a service may not be covered, you will be advised and asked to sign an additional ABN form.
- ✓ **NO REFERRAL/AUTHORIZATION:** If your insurance carrier requires referrals/authorizations for a service, it is your responsibility to ensure one is obtained prior to seeing a provider. Should you choose to receive services in the absence of the required insurance/referral/prior authorization information, be advised the services will likely not be "covered" by your carrier, meaning you will be liable for payment up to our full charge for all services provided to you or your dependent.
- ✓ **MISSED APPOINTMENT:** Please help us to serve you better by keeping your regularly scheduled appointment or providing adequate notification so someone else may use the time.
- ✓ **CLAIMS:** We submit claims and assist you in any way we reasonably can to help get your claims paid. Please be aware that the balance of your claim is your responsibility regardless of insurance carrier payment, per the terms of your contract.
- ✓ **PCP SELECTION:** Per your insurance carrier, the PCP on record is not our provider. You should contact your carrier today to make this change. You may be financially responsible for any services rendered today.
- ✓ **RHYTHM DETECTION MONITORS:** Should your provider decide to place a Holter or other cardiac event detection monitor on you, the monitor must be returned to our office in 48 hours (or as specified by your care provider). Failure to return loaned equipment will result in a \$2000 monitor replacement fee.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

_____ **Print name of patient or responsible party**

_____ **Date**

_____ **Signature of above**

_____ **Date**