Children's Heart Institute

Practice Financial Policies

1. Patient Information / Proof of Insurance

At each visit, all patients must complete or verify patient information before seeing the provider. We must obtain a copy of your driver's license or legal ID and a valid insurance card as proof of insurance.
If you fail to provide correct insurance information in a timely manner, you will be responsible for payment of services rendered.

2. Insurance

We participate in most insurance plans. If you are not insured by a plan with which we are contracted, **payment in full is expected at each visit**.
If we are a participating provider with your plan but do not have an up-to-date insurance card, payment in full is required until we can verify your coverage.
Knowing your insurance benefits and rules is your responsibility. Contact your insurance plan with any questions about your coverage.

3. Referrals

Your insurance may require a referral from your primary care physician prior to your visit. It is **your responsibility** to obtain the appropriate referrals.
If you cannot produce a referral at the time of your visit, you will have the option to either:

- Reschedule the visit, or
- Sign a waiver of insurance and pay in full.

4. Co-payments and Deductibles

All co-payments are due at the time of service. This is part of your contract with your insurance company.
Deductibles must be paid at the time of notification by your insurance company.

5. Non-Covered Services

Not all services we provide are covered by every insurance plan. Any service determined to be **non-covered** will be your responsibility.
Some services may not be considered "reasonable" or "necessary" by your plan. You will be financially responsible for these.
These charges must be paid before scheduling another appointment.

6. Coverage Changes

If your insurance changes, **notify us before your next visit** to help ensure maximum benefits. Failure to notify us could result in **claim denials** and **you being responsible for the full payment**.

7. Claims Submission

Your insurance benefit is a contract between you and your insurance company.
We will submit claims for services provided, but your insurance may require **you** to supply additional information.
It is your responsibility to comply. You are responsible for the balance of the claim, whether or not your insurance pays.

8. Nonpayment / Delinquent Accounts

If your account is over 60 days past due, you will receive a letter stating that you have 10 days to pay in full to avoid collection activity.
If your account becomes delinquent, you will be liable for **collection/attorney fees plus filing and processing costs**.

9. Missed Appointments

You will be charged for missed appointments **not canceled within 48 hours** of your scheduled time.

- $100 fee for missed POTS or Stress Test appointments
- $50 fee for all other missed appointments
  These fees must be paid **before scheduling another appointment**.

10. Forms & Fees

Forms such as for school, camp, sports, family, or medical purposes are subject to a **fee due at drop-off**.
Form fees are based on the complexity of the required communication and **are non-refundable**.
We require a **15-day turnaround time**.
Form completion takes time away from patient care and must be accurate and consistent with the patient's care plan.

11. Release of Medical Information

You will be given a copy of these policies and asked to sign a release authorizing us to provide your medical records to your insurance carrier if needed to process a claim.
This release expires **one year from the date of signature** unless canceled in writing earlier.

12. Billing Questions

Please contact our **Billing Director at 571-612-2600** with any questions or concerns about your bill.
To protect the physician-patient relationship and keep clinical teams focused on your care, **all billing issues should be addressed with the billing department**, not your physician.

13. Termination of Services

If you do not respond to **3 mailed notices** sent to the address we have on file, Children's Heart Institute may terminate your relationship with all offices.
You are considered an active patient as long as:

- Your account is in good standing, and
- You have received services within the past **3 years**

If you have **no contact with us for 3 years**, we will consider the relationship terminated.
Re-acceptance as a new patient is **at the provider's discretion**.

Acknowledgment:

I have read and understand this office policy and agree to comply with and accept responsibility for any payment that becomes due as outlined above.

Patient Name(s): _____
Responsible Party Member's Name: _____
Relationship: _____