

# Woodlands-North Houston Heart Center

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## Financial Policy

### **YOUR RESPONSIBILITY**

You are financially responsible for the services we provide to you. We understand that many patients arrange for insurance companies to pay for a large portion of medical claims. However, **the patient** (or legal guardian if the patient is a minor) **is ultimately responsible for the bill if the insurance company does not pay.**

As a courtesy to you, we will file a claim to your primary and secondary insurance plans. We do expect payment of co-payments (e.g. Coinsurance, Deductible, non-covered services, etc.) at the time services are requested, these payments will be collected at the time of check-in. If you are unsure of your financial responsibility, please contact your insurance company, in advance, to obtain this information. Should you need to make payment arrangement prior to your scheduled appointment, please call (832) 249-3804. Any balance remaining after insurance has paid their part of the covered portion will be due upon receipt of a statement.

### **PRIOR BALANCE**

Patients with a prior balance at the time services are requested will be asked to pay the prior balance in full before being seen. If the balance cannot be paid in full, then you must speak with a financial counselor to make payment arrangements prior to your appointment.

### **PATIENTS WITHOUT INSURANCE**

We are pleased to be able to provide services to patients that do not have insurance. However, if you do not have insurance you will be expected to pay a minimum deposit before services will be provided. If you are unable to pay the balance due within 30 days after services are rendered, please contact (832) 249-3804 to discuss payment arrangements.

### **MEDICARE PATIENTS**

Woodlands-North Houston Heart Center accepts Medicare assignment. We will bill your secondary insurance if you provide us the proper insurance information. You are responsible for the applicable coinsurance and deductibles, and charges for non-covered services. In addition to the bill we send, you should also receive an explanation from Medicare indicating how much you owe.

### **MEDICAID PATIENTS**

Woodlands-North Houston Heart Center accepts Medicaid assignment. A current Medicaid card must be presented at each visit and you will be required to pay the co-pay at the time of service, if required by your plan. If you have exceeded the legislative limits for the year as set forth by Medicaid, you will be held responsible for the charges. If you have a **Medicaid HMO** please be sure to **bring your referral** from your primary care physician to see the specialist physician.

### **PRIVATE INSURANCE PATIENTS**

Woodlands-North Houston Heart Center accepts assignment for most major insurances. You will be required to pay applicable co-payments at the time of service and you are responsible for any coinsurance, deductibles, and payments for non-covered services.

### **WORKMAN'S COMPENSATION**

Woodlands-North Houston Heart Center gladly accepts workman's compensation. Please contact your adjuster to obtain prior approval and a listing of approved providers.

## Financial Policy (cont'd)

### HMO PATIENTS

If Woodlands-North Houston Heart Center participates with your insurance; you will be required to pay the applicable co-pay at the time of requested service. When required by your HMO plan, **you are responsible for obtaining a referral from your Primary Care Physician**. If you do not have a proper referral, you may be required to reschedule your appointment. If services are rendered without a valid referral authorization you will be expected to sign a waiver and will be responsible for payment.

### LIABILITY INSURANCE

If you are involved in an accident we will be pleased to provide medical care for you. We do not, however, file claims with third-party liability insurance plans. We will either file the claim with your personal medical insurance or we will expect a deposit from you and payments from you for all balances incurred.

### METHODS OF PAYMENT

We accept cash, check, VISA, MasterCard and Discover. We do not accept post-dated checks, nor will we hold checks for any length of time. Payment arrangements may be made as necessary by calling (832) 249-3804..

### RETURNED CHECKS

There will be a **\$25.00 fee assessed** for any and all checks returned from the bank for any reason.

### MISSED APPOINTMENTS AND NO SHOWS

We see patients on an appointment basis and we request that you call in advance so we can reserve time for you. We make every effort to honor all time commitments and request that you extend the same courtesy to us by letting us know 24 hours in advance if you are unable to keep your appointment. A fee of **\$50.00, (\$250.00 for Nuclear Imaging and \$150.00 for Vein Procedures)** will be assessed to your account if 24 hour advanced notice is not given.

### MINOR PATIENTS

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment. Even if the parents are divorced the parent that accompanies the minor to the doctor is responsible for payment, regardless of the terms of the custodial agreement.

### INFORMATION CHANGE

Please advise us of any address, phone number or insurance changes promptly.

### COLLECTION PROCEDURES

Members of our billing department are always available to help you with questions and or payment arrangements. Once made in writing, agreements are binding. We consider payment by the patient for services rendered to be an important part of the patient's role in the patient/physician relationship. Prompt payment for services rendered is expected and failure to comply or respond to repeated communications from our office may result in discharge from the practice and/or involvement of an outside collection agency. Once an account has been referred to an outside agency, prior balances must be resolved before being seen by a physician.

**I have read and understand the financial policy of Woodlands-North Houston Heart Center and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.**

**I hereby voluntarily consent to healthcare encompassing diagnostic procedures and treatment by my physicians, his/her associates, assistants or other healthcare providers, as may be necessary in my physician's judgement. I have relied on my physicians for information in this regard and acknowledge that no warranty or guarantee has been made as to result or care. This form has been fully explained to me, and I certify that I understand its contents.**

\_\_\_\_\_  
Signature of Patient or Guardian if a Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print patient name

Revised 01/01/2010