

Thank you for choosing Saint Luke's Cardiovascular Consultants as your health care provider. With today's rising cost of health care, we are making every effort to keep increases to a minimum. In order to do this, we need your help. The following is a statement of our Financial Policy.

If you **have** health insurance:

- Please supply us with a current copy of your insurance card at each visit.
- Please notify us of any changes in your address or telephone number.
- All copays are due at the time of service.
- All referrals are the responsibility of the member and must be current prior to your visit.
- It is the patient's responsibility to confirm that we are "in network" with your insurance plan.
- Patient balances are due within 30 days after the insurance notifies our office of your financial responsibility.
- Payment plans may be arranged up to 6 months depending on balance.
- We partner with a financial company, Midland Financial, which offers extended low-interest payment plans. If interested, please contact our business office.

If you **do not** have health insurance:

- We accept cash, checks or MasterCard, Visa, Discover and American Express.
- Our office extends a 20% discount to self-pay patients.
- A minimum of \$50 is required at the time of your office visit.
- Payment plans may be arranged up to 6 months depending on balance.
- We partner with a financial company, Midland Financial, which offers extended low-interest payment plans. If interested, please contact our business office.

We will gladly assist you by filing your claim with your insurance carrier.

If you receive a statement from our office, then we expect payment from you for our physicians' services. (You may receive a separate bill for hospital services, tests, &/or clinic facility fees.)

Our business office is available from 8:00 a.m. – 4:30 p.m., Monday through Friday, to answer any questions or address any concerns you have. If you have questions regarding your bill, please contact our business office immediately. The number is 816-751-8410 or toll free at 800-697-2272 Ext. 8410.

I have read and agree to this financial policy:

Signature of Patient or Responsibility Party

Date

Patient Name (Printed and Legible)

Date of Birth