

UPSTATE CARDIOLOGY

215 SUMMIT ST BATAVIA, NY 14020

OFFICE FINANCIAL POLICY

This financial policy has been established to prevent any misunderstandings.

COPAYS: I understand that it is my responsibility to pay my copay on the day of my appointment.

APPOINTMENTS: If any appointments are cancelled within a 24 hour period or if you no show for an appointment, a charge of \$40 will be applied to your account. If you were to cancel or no show for 3 consecutive appointments you will be released as a patient from our care.

MEDICAID: If you have Medicaid as a secondary insurance to any other insurance, please be advised that if your Medicaid coverage is not active on the day of your appointment, you will be responsible for any balance to your account.

- I understand and agree to this term: **Please initial:** _____

ASSIGNMENT OF BENEFITS: I authorize payment of medical benefits to Upstate Cardiology or Dr. Mishra for services rendered to me. Any balance to an account is due within 30 days of receipt of bill.

FOR PATIENTS REQUIRING REFERRALS: If your insurance requires a referral from your primary physician it is your responsibility to obtain the referral prior to your visit. If the referral is not received you will be considered self-pay!

SELF PAY: Balance in full is due within 30 days from date of appointment. Payment of 50% is due on the day of your appointment.

RETURNED CHECKS: Returned checks are subject to a \$35.00 service charge. In the event of a returned check your privilege to pay by check for future visits will be terminated. You will be expected to pay with cash or credit card.

INSURANCE: We will bill your insurance, but if payment is denied, you the patient will be responsible for payment for services rendered by Upstate cardiology or Dr. Mishra.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND FULLY UNDERSTAND THIS POLICY.

PATIENT NAME: _____

PLEASE PRINT

DATE: _____

SIGNATURE: _____

Relationship if not patient