

# Pediatric Cardiology of Maryland Financial Policy

1. **Patient Information/Proof of Insurance:** At each visit all patients must complete/verify patient information and produce a copy of your driver's license or legal identification and current valid insurance card, as proof of insurance. If you fail to provide us with the correct insurance information, you will be responsible for payment of services rendered. We do ask for a copy of an ID and insurance card at every visit due to many cases of insurance fraud.
2. **Payment:** Payment is expected at time of your visit. We accept cash, check or credit card. Payment will include any co-payment amount or account balance. If you do not carry insurance, or if your coverage is currently inactive, payment in full is expected at the time of your visit. There will be a \$35.00 surcharge for any returned checks due to insufficient funds.
3. **Insurance:** We are participating providers with several insurance plans. We will file all insurance claims. Please remember that insurance is a contract between the patient and the insurance company, ultimately the patient is responsible for the payment in full. If your insurance company does not pay the practice within 180 days, you will be billed. If we later receive payment we will refund any overpayment to you.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and send the claim in for you on an unassigned basis. This means the insurer may send the payment directly to you and therefore, our charges are due at the time of service.

4. **Referrals:** Your insurance company may require a referral form from your primary care physician for procedure/service(s) prior to your visit. Due to the many different insurance products available, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. It is the patient's or guarantor's responsibility to obtain a properly dated referral prior to your office visit.
5. **Nonpayment/Delinquent Accounts:** If the patient responsibility portion of your account is over 60 days past due, you will receive one final notice stating you have 15 days to pay your account in full to halt collection activity. In the event your account becomes delinquent, you will be liable for collection/attorney fees plus filing and processing cost.
6. **Non-Covered Services:** Not all services provided by our practice are covered by every plan. Any service determined to not be covered by your plan will be your responsibility. Please be aware that some of the services you receive may be determined to be non-covered or not considered reasonable or necessary based on the benefits of your specific plan. You will be financially responsible for the cost of services that are not paid. The charges for these non-covered services are your responsibility and must be paid before being scheduled for another appointment.
7. **Release of Medical Information:** Our HIPSS policy is available online and in the office upon request. You are required to sign a release stating that you reviewed the information and that it authorizes us to provide a copy of your medical records if requested by your insurance carrier, to process a claim.

8. **Holter/Event Monitors:** Monitors are the property of a third party monitoring company and is on loan to you. This service is billed separately from your physician. Once the monitor is delivered, charges are apply to you and/or your insurance company. There is a fee for each 30 day session or portion thereof. Services are only covered by insurance when we receive your recordings. The monitoring company will bill your insurance company directly and you will be responsible for any deductibles, co-pays, and/or co-insurance as defined by your insurance policy. In the event your insurance company denies a portion or all charges, you may be responsible for all non-covered amounts. If you have any specific billing and/or insurance questions with the monitoring company.
  
9. **Contact us regarding Billing:** You may call our Billing Office at (443) 598-2480 or you may email us at [PCOM@Pediatriccardiologymd.com](mailto:PCOM@Pediatriccardiologymd.com) with any questions or concerns