



CYPRESS CARDIOLOGY, P.A.

## Financial Policy

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have questions regarding these policies, please discuss them with the billing manager. We are dedicated to providing the best possible care and service and believe that your complete understanding of your financial responsibilities is an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at time of service. For your convenience we accept cash, check, VISA, Mastercard, Discover and AMEX.

Your health plan will only pay for services that it determines to be “reasonable and necessary”. If your health plan determines that a particular service, although it would otherwise be covered, it is not “reasonable and necessary” under program standards, your plan will deny payment for this service. In the event that your plan determines a service “not covered,” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

As the patient, you are responsible for understanding your own benefits including deductibles that must be met and in-network versus out-of-network benefits.

**If you are unable to keep your appointment time, please call our office as we require 24 hours advance notice for cancellations. “No Shows” and “Same Day Cancel” patients may be charged an additional fee.**

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Responsible Party if Patient is a Minor

\_\_\_\_\_  
Date