

**HCA Physician Services**  
**CHARLESTON HEART SPECIALISTS**

**FINANCIAL POLICY**

As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

We ask that all services be paid at the time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately.

FINANCIAL AGREEMENT: We will be glad to discuss your proposed treatment and the cost of these services. If you have questions about medical insurance coverage, we will be glad to try to find out if your insurance will cover the cost of services. HOWEVER, please be aware that your insurance is a contract between, your employer (if applicable) and the insurance company. We are not a party to your contract. Unfortunately, not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g. yearly physicals).

ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME OF SERVICE.

For any unpaid balance, after 90 days, collection action will be taken. We realize that emergencies do arise and may affect timely payments on your account. If such extreme cases do occur, please contact our insurance office promptly for assistance in the management of your account.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FINANCIAL POLICY FOR CHARLESTON HEART SPECIALISTS.

\_\_\_\_\_  
Patient Signature

Date

\_\_\_\_\_  
Witness Signature

Date