

Insurance & Payment Agreement

Thank you for choosing Heart Rhythm Solutions (HRS) as your health care provider; we are committed to your treatment being successful! **By signing below, you authorize your insurance company to release any information required to process claims and pay insurance benefits directly to HRS. Please review and sign this *Insurance and Payment Agreement* prior to services being rendered.**

I. PAYMENT POLICY

Co-pay and/or balances for non-covered services are due in full prior to rendered services on the date of service (DOS). HRS accepts cash, check, and credit card payments.

- (a) At time of service, a valid insurance card and government ID must be shared to confirm identity.
 - (b) *In most cases*, HRS obtains prior authorization from insurance companies before providing services and notifies patients if services are not be covered, and/or if services are “out of network” before a scheduled visit.
 - (c) Kindly understand that patients must verify that HRS is a participating provider for your insurance plan before scheduling an appointment (insurance plans change providers annually).
 - (d) HRS will bill your insurance company when appropriate. Some insurance plans make obtaining payment difficult; we may ask for your assistance in receiving payment for your claim.
 - (e) If your insurance is non-participating, or an insurance card is not provided at the time of service, you will be billed/charged as self-pay.
 - (f) Nonpayment on balances after 120-days: Balances may be turned over to collections. Late fees and interest may incur in addition to any balance owed.
 - (g) HRS does not typically provide explanations of patients' insurance benefits, or financial responsibility - this information varies greatly across insurance plans. Please contact the toll free number on your insurance card, or ask your PCP for help with explanation of benefits.
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II. REFERRAL POLICY

- (a) Unfortunately, HRS is unable to obtain referrals for patients. It is a patient's responsibility to: (1) know if their insurance requires a referral/approved authorization from their PCP or Specialist, and; (2) obtain necessary referrals before scheduling an appointment with HRS if required.
- (b) If you wish to be seen *without a referral*, you will be considered self-pay and subject to HRS' self-pay fee schedule. Patients may submit paperwork for reimbursement to their insurance; however, reimbursements must be sent directly to patients. HRS does not refund patient payments.
- (c) If you arrive and HRS has not received your referral, your appointment will be re-scheduled.



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III. ADMINISTRATION FEE POLICY

- (a) Paperwork/forms must be provided to HRS at least 72-hours before due dates, or requested during a scheduled appointment.
 - (b) Fee schedule for paperwork request:
 - \$5 - Single page forms requiring only a signature
 - \$10 - Single page forms requiring multiple fields / HRS records review / HRS documentation
 - \$20 - Written letters, disability forms, or other comprehensive forms (i.e., letters to employers, FMLA forms, etc.)
 - (c) NO SHOW/CANCELLATION POLICY: Please call at least 24-hours in advance if you are unable to keep an appointment. Due to the extensive preparation required for electrophysiology consults/surgical procedures, patients that give less than 24-hours notice of cancellation, may incur late fees (i.e., \$75.00/office visit & \$100/scheduled surgery).
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IV. INSURANCE CLAIMS & UNPAID BALANCE POLICY

As the policyholder, you will receive an *Explanation of Benefits* from your insurance carrier, and if applicable, an invoice from HRS for your portion of the total bill. The latter depends on whether medical services were subject to a deductible, coinsurance, or an amount over the usual, customary, and reasonable fees. If your health insurer refuses to pay a claim (a bill indicating all medical services performed) or ends your coverage, you can ask your insurance company to reconsider its decision. Insurers have to tell you why they denied your claim or ended coverage. You have the right to appeal an insurance company's decision and have your claim reviewed by a third party. HRS may assist with claim appeals by providing requested medical records for your appeal. **The following reasons may result in HRS requesting a balance due on the date of your appointment:**

- (a) Your policy may not cover all services provided as defined in your policy's exclusions.
- (b) A claim is denied for lack of coverage under the insured's policy. This may happen because coverage for a procedure code was changed to an excluded service. If this situation applies, HRS will investigate and if relevant, resubmit. Thereafter, you agree to pay balances for claims denied.
- (c) Services were provided without prior authorization. This may occur when immediate treatment is required for very serious or life-threatening conditions. Claims may be denied because a prior authorization was not obtained before services were rendered despite the need for immediate treatment. If HRS anticipates your claim may be denied for this reason, you will be advised of non-coverage on the date of service. If you choose to proceed, you agree to pay the balance due for denied claims.



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- (d) If a policyholder has not met their deductible, HRS may contact you/the policyholder before an appointment/service to indicate non-coverage for this reason. HRS cannot guarantee that any insurer's deductible balance is accurate – only if a deductible has or has not been met.
- (e) After submitting a claim, HRS may learn that your health insurer *ended coverage before the date of service*. This may happen if prior authorization was obtained before your policy expired.
- (f) A balance may be due if your insurance covers a service, but has *benefit limitations*.
- (g) Your insurance might *process your claim incorrectly*. HRS will make every effort to resubmit. However, if a claim is resubmitted by HRS in a timely manner, and the window for payment to HRS expires, you agree to pay the balance due. If you appeal, your insurance must pay you directly.
- (h) A co-payment is owed. After submitting a claim to your insurance, HRS may learn of a *balance due for a co-pay, non-covered service, etc.* You agree to pay this balance during your next scheduled appointment, and/or upon being informed of a balance due (via invoice, call, etc.).

V. PATIENT ACKNOWLEDGEMENTS OF FINANCIAL RESPONSIBILITY

- (a) Insurance information provided to HRS today is true to the best of my knowledge.
- (b) I understand that if *Heart Rhythm Solutions | AWAIS K HUMAYUN MD PA* is non-participating with my insurance carrier, I will pay for services rendered on the date of service.
- (c) I understand that I must sent HRS: (1) payments received for claims from my insurance company; and/or, (2) explanation of benefits and correspondence that I receive from my insurance co. regarding denial of claims in a timely manner.
- (d) I understand if I have secondary insurance, my claim cannot be submitted until HRS receives denial paperwork from a primary carrier. I will provide paperwork to HRS as soon as it is received.
- (e) I understand that claims for “out of network” and/or non-covered services will be submitted to my insurance company, on my behalf as a courtesy, if I made such a request.
- (f) I understand that HRS does not refund patient payments; I will make sure my insurance company sends reimbursements directly to me / the policy holder.
- (g) If emergencies arise that affect timely payment, I'll contact HRS for a *limited time, interest free*, payment plan setup (e.g., using recurring bill-pay from my checking, or by asking HRS administration to set up auto-pay from my checking account).
- (h) I understand that if my account is turned over to collections, late fees and interest may accrue.
- (i) I will do my best to call HRS at least 24-hours in advance if unable to keep an appointment. I may incur late fees if I cannot provide 24-hrs. notice for an appointment/surgical cancellation.

PLEASE KEEP THIS COPY - SUBMIT THE INSURANCE & PAYMENT AGREEMENT SIGNATURE PAGE TO HRS



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VI. INSURANCE & PAYMENT AGREEMENT SIGNATURE

1. By signing below, you authorize your insurance company to release any information required to process claims, and to pay your insurance benefits directly to *Heart Rhythm Solutions (HRS) | AWAIS K HUMAYUN MD PA.*
2. I do hereby certify that I have received, read, and understand HRS' Insurance and Payment Agreement. I am entering into this Agreement freely and voluntarily. I agree to all HRS payment terms, and administrative procedures and policies outlined in sections I through Section V of this Agreement.

Patient Name (PRINT): _____

Patient Signature

Date

PRINT (Legal Representative for Patient)

Relationship to Patient

Signature (Legal Representative for Patient)

HRS OFFICE USE ONLY

HRS WITNESS

DATE

