

Although an insurance claim is filed, you will receive a monthly statement if your account has a balance due. Patients will not be billed for balances on pending claims. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. The patient is responsible for payment of the account within the limits of our credit policy. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, or in circumstances where a claim is pending or when treatment will be for an extended period of time, it is recommended that a payment plan be initiated. We encourage you to contact our office for assistance in the management of your account.

Payment Arrangement Policy

The following is a financial office policy for balances due to Diagnostic Cardiology of Houston, PA. A signature from the patient will implement an installment plan as follows:

ACCOUNT BALANCE	MONTHLY PAYMENT
\$0 - \$100.00	\$25.00
\$101 - \$250.00	\$50.00
\$251 - \$500.00	\$75.00
\$501 - \$750.00	\$100.00
\$751 - \$1000.00	\$175.00
\$1001 +	\$200.00

- **No finance charge will be charged monthly to unpaid balances.**
- **Federal Law requires a Truth and Lending Statement to be signed by the patient.**

Returned Checks

Any returned checks are subject to a \$20.00 service fee and must be resolved as soon as possible.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

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 such terms may be amended from time to time by the practice.

Signature

Date

