



**Saline Heart Group, P.A.**

**PAYMENT POLICY**

Please read the following carefully. The payment policy for Saline Heart Group, P.A. is as follows. All charges are expected to be paid in full unless prior arrangements have been made.

1. Initial Office Visits: Your initial office visit charges will be filed at your request, but you will be expected to pay our coinsurance and any deductible not met.
2. Uninsured Patients: You are required to pay a \$100.00 fee for service at the time of visit. Payments can come in the form of cash, check or credit card.
3. Co-pays: You will be expected to pay your insurance co-pay every time you see the doctor. This cannot be billed.
4. Re-visits: We will file your insurance for you on revisits, but you will also be expected to pay your coinsurance and any deductible not met.
5. 5. Non-covered charges: You will be responsible for all non-covered charges (lab, procedures, etc) not payable by your insurance company
6. Questions: Please refer back to the receptionist prior to being seen by the doctor if you have questions.
7. Financial Services: Please refer all inquiries regarding financial services to the Business office.

I FULLY UNDERSTAND THE PAYMENT POLICY AS STATED AND AGREE TO COMPLY.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorized agent

