



Preventive Cardiology and Internal Medicine Associates

PAYMENT & INSURANCE POLICY/ PCAIMA EXPECTATIONS

PAYMENT

Copay's, outstanding balances, deductible, and any fees (no show, printing, lab etc. if applicable) are expected at the time of your service. We offer two payment options:

**** CASH or CHECKS ****

INSURANCE

Patient Name: _____ Insurance Name: _____

Patient Co-pay _____ Deductible _____

Patient is responsible for all payments until his/her deductible is met. Insurance plans intend to cover most, but not all of the cost of your care. Most plans include coinsurance provisions, a deductible, and certain other expenses which must be paid by the patient. Even though you have insurance, you will be expected to make an estimated payment for that portion not covered by your insurance plan on the day of service.

As a courtesy, we will file insurance claims on your behalf, however, Medical Insurance does not pay for everything (and PCAIMA does not contract with insurers for all services that we provide), even some care that you or your health care provider have a good reason to think you need. We will work with you and your insurance provider to ensure you receive the maximum benefits to which you are entitled.

Our office has several providers and we alternate your appointments between your provider and ARNP for your visit. We hope you comply with the services and recommendations we provide, as our goal is to build positive therapeutic relationships that work for the benefit of the patient.

I have read, understand, and will follow the Payment & Insurance policy/PCAIMA Expectations. Also, I understand that this policy will stay in force as long as I am an active patient with PCAIMA.

Signature (parents please write your name and sign below if patient is under 18):

_____ ; _____

Date _____