Shockwave Specialists of the Carolinas, LLC

Financial Policy

Dear Patient,

Thank you for choosing us as your health care provider. The following is our Financial Policy. Our main concern is that you receive the proper and optimal care needed to maintain or restore your health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to ask our Office Manager or Business Manager.

In special instances, we may accept assignment of insurance benefits. However, you must understand that:

- If insurance Pre-Certification is required, it will be done by Shockwave Specialists. Shockwave Specialists also will verify your benefits at the time they receive your information. Per your insurance, "Please keep in mind that this is not a guarantee of payment. Eligibility and benefits determination will be made at the time the claim is reviewed for processing." If you have any questions regarding your coverage for this procedure, you should contact your insurance carrier directly.
- It is the patient's responsibility to notify Shockwave of any changes in your insurance coverage from the date they notify you that you have been approved. If you fail to notify Shockwave of these changes, you will be responsible for the total cost of the procedure. Not all services are a covered benefit in all contracts. Some insurance companies will not pay for this procedure.
- <u>All deductibles and co-payments are due at least 7 days prior to your procedure</u>. <u>Payment should be made to Shockwave Specialists of the Carolinas</u>, not to your physician's office.
- If the insurance company does not pay your balance in full within 45 (forty-five) days, we ask that you contact the carrier to inquire about the delay in processing.
- Once the insurance company pays Shockwave Specialists, your balance must be paid in full within 45 (forty-five) days. We require the balance due be paid with cash, check or credit cards. If necessary, you may make payment arrangements with our Business Manager for the balance due.
- Returned checks and balances older that 45 (forty-five) days may be subject to additional collection fees.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problem so that we may assist you in the management of your account. Again, we thank you for choosing us as your health care provider. We appreciate your trust in us and the opportunity to serve you.

Patient's Signature: ______________________________ Date: ____________________