

PAYMENT AUTHORIZATION

Virginia Cardiovascular Consultants, PC

TO ALL PATIENTS:

We ask that all patients pay their office visits at the time of service, unless you have prior arrangements made through a payment plan agreement.

PATIENTS WITH INSURANCE COVERAGE:

If you have provided complete and legible insurance information, your insurance will be billed for you, this in no way relieves you of your financial responsibility of your medical claim. If your insurance plan requires a co-payment, co-payment is due at the time of your office visit. If you do not want us to file your claims to your insurance, please let us know. I hereby assign, transfer and set over to the physicians of Virginia Cardiovascular Consultants, PC all of my rights, title and interest in and to medical reimbursement and/or payment for medical services provided the physicians of Virginia Cardiovascular Consultants, PC.

WORKMAN'S COMPENSATION AND AUTOMOBILE ACCIDENT PATIENTS:

If your visit today or any future visits to this practice involves a claim that you believe is to be covered by either Workman's Compensation or an Automobile Insurance Company, you must immediately notify our front desk. These claims require additional information provided by you. You will be responsible for any charges not paid within 90 days of the date you are seen.

SIGNATURE:

In consideration for the professional services rendered now and in the future, the undersigned hereby agrees to pay 18% interest per annum on all balances which are unpaid sixty (60) days after the services are rendered; plus attorney's fees which are hereby stipulated to be 33 1/3% of such outstanding balance whether suit is filed or not; plus court costs. If the undersigned fails to pay promptly for the services rendered, the undersigned authorizes the release by or to any credit reporting agencies of personal credit information on the undersigned and further agrees to pay all costs of obtaining credit information and/or locating the undersigned as may be necessary.

The undersigned understands that Medical Insurance claims may be billed by the provider as a courtesy, if the provider participates with the patient's insurance plan, and if the patient promptly furnishes the provider with all correct insurance information. The undersigned is fully responsible for all sums due whether or not insurance coverage is available.

In the event prompt payment is not made by the undersigned, the undersigned understands that personal and financial records concerning these professional services will be released to the provider's attorney for collection. The attorney will act as the provider's "Business Associate" in compliance with federal "HIPAA" regulations.

MEDICARE PATIENTS:

I authorize the holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information for all Medicare claims. I assign the benefits payable for covered services to Virginia Cardiovascular Consultants, PC and/or its physicians.

Signature of Patient or Responsible Party

Date