

Financial Policy

Welcome to Virginia Heart Inc. We hope that the following guidelines will answer your questions in regards to the office billing and insurance reimbursements.

Virginia Heart Inc. requires that all patients bring their insurance cards, insurance co-pay and any referrals (if applicable) for every appointment. If you do not bring in your insurance card and any referrals (if applicable) the day of your appointment, we will ask that you sign our "Patient Waiver Agreement" which states that any charges incurred will be the patient's responsibility.

Our office participates with most major insurance companies, including Medicare and Medicaid. As a courtesy we will submit the necessary claims for reimbursement. We do require your current insurance information to be on file in our office prior to each date of service. **If you are unable to provide and maintain complete, accurate information you will be responsible for payment.**

Initials _____

If your plan requires you to pay a co-payment at the time of service please be prepared to pay that at the time of your appointment. Due to the wide range of policy benefits, it is the patient's responsibility to know your specific policy covers prior to your appointment. **Any non-covered benefits, deductibles, or policy exclusions are the patients responsibility.**

Initials _____

Many insurance companies require a referral from your Primary Care Physician (PCP) to a specialist prior to any appointments; **it is the patient's responsibility to ensure that this referral is obtained prior to all scheduled appointments.** To obtain this referral you will need to contact your PCP and request such a referral. Failure to have a referral on file in our office prior to your appointment will require a waiver and payment in full, or for the appointment to be rescheduled.

Initials _____

Payment is due at time of service for those without insurance coverage. All payment arrangements must be made in advance with the business office at (703) 560-1075.

Initials _____

Please call us if you have any questions in regard to your account Our goal at Virginia Heart Inc. is to provide quality medical care and assist you in getting your insurance claims efficiently and quickly reimbursed.

Patient Signature _____

Date _____