



**FORM 5, IMPORTANT MESSAGE ABOUT OUR  
FINANCIAL POLICY AND BILLING**

Dear Patient,

Our goal is to provide you with very good care and service. You will find our financial policy on the back of this form. It is very important you review this policy. If you have any questions before your appointment please call (480) 844-0401 to speak with a financial counselor.

Each visit, during the registration process, your statement or account balance will be reviewed with you by a financial counselor or registrar prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, deductibles, and outstanding balances at this time.

In addition, your registration process will include updating your demographic, insurance and health information. This process will improve the quality of patient information we use to care for you.

Our Mission states we will provide care to our patient regardless of ability to pay. This means we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. A patient who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

Our policy states that any account balance remaining **after** insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time. All co-pays, deductibles, and previous account balances must be paid before additional services will be rendered.

We hope this brief overview is helpful. We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please contact Mykl Garrett, CEO at 480-993-1060. Thank you.

**Billing Questions**

10238 E. Hampton Ave., Ste 401  
Mesa, AZ 85209  
(480) 844-0401

**TRI-CITY CARDIOLOGY CONSULTANTS, P. C.  
FINANCIAL POLICY**

We are dedicated to providing you with very good care and service, and we regard your understanding of our financial policy as an essential element of your care.

**Patient Responsibilities**

We will bill your insurance company. Please have all current insurance cards available so that we may copy the front and back of the card for accurate information. It is your responsibility to inform Tri-City Cardiology (TCC) of any insurance changes. If accurate insurance information is not provided for timely submission of a claim, you will be held responsible for the full amount of the charges.

You will be asked to sign an authorization for your insurance carrier to send payments **directly** to TCC. Any payments sent directly to the patient should be forwarded to TCC with the Explanation of Benefits to prevent your account being subject to collection procedure and legal action. Authorization must be signed at the initial visit, upon any change in insurance and annually thereafter.

Resources are available through your insurance company to understand your insurance coverage. These services will help you to verify that TCC is a participating provider with your insurance company. All referrals to TCC are to be obtained **prior** to your appointment. This will prevent your appointment from needing to be rescheduled.

**Payment Policy**

Insured

All co-pays and deductibles must be paid before services are rendered. If unable to pay your co-pay at the time of service, your appointment may be rescheduled. Non-contracted insurance claims will be submitted to the insurance company as a courtesy to you however the charges remain your responsibility. If no response is received from your insurance within 60 days, payment must be made by you.

Non-Insured

TCC requires full payment at the time of service unless prior arrangements have been made with our Billing Office. These arrangements may consist of three equal payments (first payment required at the time of service).

Balances Due

Patient balances remaining **after** insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time.

Medical Forms

TCC requires full payment of \$50.00 at the time your Insurance forms (FMLA, FAA Clearance, Disability, etc.) are dropped off for completion. Completions of forms are **not** paid by your insurance company.

Hospitalizations

It is your responsibility to notify your insurance company and primary care physician's office in the event of an unscheduled hospitalization. It is also your responsibility, not the hospital's to provide TCC with your insurance information.

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**Print Name**

**Date of Birth**

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**Signature**

**Today's Date**

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