

## PAYMENT POLICY

*Patient to initial in each box, acknowledging that you understand/agree with the terms and conditions of our payment policy)*

- a) Insurance coverage is a legal contract between you (the patient) and your insurance company (Payer). Espinoza Vein Institute is not party to that contract.
- b) EVI, **as a courtesy to all of our patients**, shall submit claims to insurance carriers on their behalf.
- c) To determine your coverage, EVI will call and verify your benefits. **In all cases, your co-pay, deductible and co-insurance are due at the time of check-in.**
- d) As a courtesy to you, we will obtain any pre-authorizations, as determined by your plan and file claims with your insurance company. EVI will notify all patients on any denials received. Rescheduling your appointment(s) may be required if authorization is not obtained prior to your procedure.
- e) Monthly statements are mailed to patients for any portion of the bill for which they are responsible. Your obligation to EVI can also be determined from the notice EOB sent to you by your insurance provider.
- f) Patient refunds are determined and paid to you after your insurance provides EVI with a copy of your EOB. Unfortunately, since EVI's notification is often received after the patient receives their EOB, patients are asked to provide a copy of their EOB to EVI to expedite the refund process. **Refunds will be paid within 15 days from the date the patient submitted the EOB.** If the patient does not submit the EOB, refunds shall be made within 60 days from the date of the appointment.
- g) We understand that not everyone has health insurance coverage and some services may not not be covered by a patient's insurance carrier. EVI offers self-pay prices which are due at the time of check-in.
- h) The charges for Espinoza Vein Institute are for the physician's professional fees and services. These charges do not include surgery center, hospital or other third party resources. These will be billed separately by the respective facility.
- i) **There is a \$100 fee for any missed office visit(s) not cancelled within 24 hours prior to the appointment time. There is a \$250 fee for any missed ultrasound and/or procedure Treatment not cancelled within 48 hours prior to the appointment time. This is to defray extra expenses incurred for these appointments. Your insurance company will not cover these fees. You will be responsible for these charges which must be paid in full before rescheduling your appointment.**
- j) All returned checks will be subject to a collection fee of \$30.

I certify that I have read the aforementioned payment policy and all my questions/concerns have been suitably addressed by the staff of Espinoza Vein Institute.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_