

Cardiovascular Consultants, PC – Care Agreement 2026

No Show Appointment:

You will be charged a **\$50.00** fee for any scheduled appointment that was not cancelled or rescheduled at least 24 hours in advance. **Pacemaker check** appointments that are *no* showed will be a **\$15 fee**. For testing appointments, the fees are as follows, **heart monitor \$50, vascular \$100, echo \$100, and any stress tests \$250**. You will be responsible for this fee as insurance companies do not cover these charges. You may notify the office of any cancellations by calling the office during NORMAL BUSINESS HOURS. **If you are 15 minutes or more late to any scheduled appointments, you may be asked to reschedule to a different date and time. After 4 no shows, you may be discharged from the practice.**

Deductibles For Testing Policy:

If you are scheduled for a test and your deductible has not been met, payment will be required **before the test starts**. At the time of scheduling a form with the amounts for each test will be provided to you. Our billing department will reach out to you regarding the amount that will be owed before the test. If you have met your deductible, you will not be responsible. If failure to pay this deductible you will have to take the order and get the test completed at the hospital.

Medication Refill Policy:

Medication refills should always be requested at your appointments. **We do not accept requests from pharmacies**. The number of refills given will depend on the frequency of visits. Should you need a refill in between appointments, please allow up to 72 business hours.

Payment for Service:

Payment is due in full at the time service is rendered. We accept cash, check, visa, discover, and master card. We do encourage patients to keep a credit card on file for any balance that is not paid within 90 days. We maintain the right to collect all payments prior to service and/or treatment being administered and/or prescriptions being written.

Collection of Balances:

We maintain the right to transfer any outstanding overdue balance to an outside collection agency. The agency may report any delinquencies to all major credit bureaus. Our office provided two statements to notify you of your balance prior to transferring to a collection status. If your account goes into a collection status, you may be discharged from the facility.

Laboratory Services:

It is your responsibility to know the coverage of your insurance policy and the expectations of your financial portion of your treatment. All labs are not covered by insurance.

Completion of Medical Forms:



There may be an additional fee for the completion of forms such as FMLA, disability, and handicap forms. **Fees are \$25** for any type of form up to 5 pages. For any additional pages it will be **\$5 per page**.

Care Quality

This allows us to communicate with your other doctors and receive documents from them and send documents to them through out EMR system.

AI-Assisted Documentation

During some office visits, our practice may use an AI-assisted documentation tool (“AI scribe”) to help your healthcare provider document your visit and create your medical record.

The tool may listen to portions of your conversation during the visit. Your provider reviews and approves the information before it becomes part of your medical record.

Use of the AI scribe is optional. You may ask that it not be used during your visit.

HIPPA

You authorize Cardiovascular Consultants, PC to speak with only the individuals listed on your HIPPA form.

Patient’s acknowledgement of the care agreement 2026

By signing below, you are stating you agree to the above-listed terms and conditions.

Patient Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Pt #: _____