



## **Financial Agreement**

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*Thank you for choosing East Bay Cardiovascular and Thoracic Associates (EBCVT) as your healthcare provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).*

### **Co-pays:**

The patient is expected to present an insurance card(s) at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted. Any co-pays requested to be billed to the patient, there will be a \$10.00 fee added and will reflect on your statement.

### **Insurance Claims:**

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

*Participating Insurances listed below (Please keep in mind some EBCVT providers may not be contracted/in-network with your insurance. Therefore, it is the patient's responsibility to verify the provider is contracted/in-network prior to your visit)*

- **AARP/UHC**
- **AARP Supplemental**
- **Aetna EPO, POS, PPO HMO**
- **Aetna Medicare Managed**
- **Affinity Medical Group (based on provider)**
- **Anthem Blue Cross PPO**
- **Anthem Blue Cross HMO**
- **Blue Shield of California PPO, HMO**
- **Blue Shield Federal**
- **Blue Out of State**
- **Blue Shield 65 plus**
- **California Iron Workers (Union) BC plan**
- **Carpenters Health & Welfare (Union) BC plan**
- **Contra Costa Health Plan (CCHP) Medi-Cal plan**
- **Contra Costa Health Plan Basic plan**

- **Contra Costa Health Plan Medicare Managed**
- **Contra Costa Health CCN plan**
- **Cigna PPO, POS, HMO**
- **Cigna Medicare Managed**
- **Delta Health Systems**
- **Eastbay Drayage Drivers (Union) BC plan**
- **First Health (Third party)**
- **Health Net PPO, HMO**
- **Health Net Medicare Managed**
- **Hill Physicians**
- **Health Plan of San Joaquin (Medi-Cal plan)**
- **Humana PPO**
- **Humana Supplemental**
- **John Muir IPA**
- **John Muir Network Select POS plan**
- **Kaiser (by referral/authorization only)**
- **Laborers Health and Welfares (Union) BC plan**
- **Medi-Cal**
- **Medicare**
- **Medicare Railroad**
- **Northern Ca Bakery Drivers (Union) BC plan**
- **Operating Engineers (Union) BC plan**
- **Scan PPO Medicare Managed**
- **Scan HMO Medicare Managed**
- **Secure Horizons Medicare Managed**
- **Sheet Metal Workers (Union) BS plan**
- **State Compensation (Workers Comp)**
- **Sutter Select/UMR**
- **Teamsters Benefit Trust (Union) BC plan**
- **Tricare West region only**
- **UMR**
- **United HealthCare PPO, HMO**
- **United HealthCare Medicare Managed**
- **UFCW (Union) BS plan**
- **VA (referral only)**
- **Workers Comp**

*“A quote of benefits and/or Authorization does not guarantee payment from insurance. Payment of benefits are subject to all terms, conditions, limitation and exclusions of the member’s contract at all times of service”*

**Participating Insurances:**

If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full.

**Referrals and Preauthorization’s:**

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from you Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

**Self-pay Accounts:**

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient’s responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to bring \$100 at the initial appointment if not being seen for fracture and will be asked to make payment arrangements for the balance. Imaging patients must present \$200 at the initial appointment and will be asked to make payment arrangements for the balance. Extended payment arrangements are available if needed. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

**Motor Vehicle Accident (MVA) and Third-Party Billing:**

We do not do any third-party billing. Our relationship is with you and not with the third-party liability insurance (auto, homeowner, etc.) It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You may receive an accident questionnaire from them to be completed by you. If the questionnaire is not returned to your medical insurance company and/or we receive a denial on your claim, you will be responsible for payment in full.

**Workers' Compensation:**

It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

**Missed Appointments:**

EBCVT requires 24-hour notice of appointment cancellation. Appointments missed and are not previously canceled may be charged a fee of \$50.00.

**Returned Checks:**

The charge for a returned check is \$25 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

**Medical Record Copies:****Patients requesting copies of medical records will be charged:**

**\$10 – 10 to 20 pages**

**\$15 – 21 to 49 pages**

**\$20 – over 50 pages**

**EDD/FMLA Forms:**

**\$20 – EDD/FMLA forms**

**\$10 – any additional EDD and FMLA forms**

**\$5 – Burning of CD's**

**Attorneys and Insurance companies will be charged a \$25 fee for Medical Records and/or Itemized bills.**

- Please allow 5-7 business days to complete your request. For EDD forms, please allow 5-7 business days from the date you are **discharged from the hospital** to complete your request. Every effort will be made to complete your request in a timely manner. If your forms are completed prior to the 5-7 business day timeframe, you will receive a phone call to inform you of the completion. ***If you have an urgent need for these services, please let us know of your need at the time of the request.***

**Minors:**

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

**Outstanding Balance Policy:**

It is our office policy that all past due accounts be sent three statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collection's costs including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

*This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.*

**Legal Relationship between Surgery Centers and Providers:**

**I understand that all physicians furnishing services to the patient, including the anesthesiologist or (CRNA), pathologist, radiologist and the like, are independent contractors and are not employees or agents of the Center. I also understand that all independent contractors may bill separately for services rendered.**

*By my signature below I acknowledge receipt of the Financial Agreement for:*  
**East Bay Cardiovascular and Thoracic Associates (EBCVT)**

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**Patient or legally Authorized Individual Signature** **Date**

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**Printed Name** **Date**

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**EBCVT Witness**

- 1320 El Capitan Drive, Suite 120, Danville, CA 94526 - (925) 676-2600
- 2222 East Street Suite 375. Concord, CA 94520 - (925) 676-2600
- 5565 West Las Positas, Suite 340, Pleasanton, CA 94588 - (925) 676-2600
- 5860 Owens Drive, Pleasanton, CA 94588 - (925) 676-2600
- 4721 Dallas Ranch, Antioch, CA 94531(Satellite Office) - (925) 676-2600
- 2400 Balfour Road, Brentwood, CA 94513 (Satellite Office) - (925) 676-2600
- 1320 El Capitan Drive, Suite 440, Danville, CA 94526 - (925) 277-1117
- 5201 Norris Canyon Rd, Suite 330, San Ramon, CA 94583 - (925) 866-6778