REGIONAL HEART SPECIALISTS

Patient Centered Care

Notice to Out-Of-Network Patients

This notice is to inform you that Regional Heart Specialists is currently a **non-participating provider** with your insurance company. We are working towards becoming in network at this time. We are happy to continue seeing you and encourage you to call your insurance company to determine your specific out-of-network benefits.

Due to the inconvenience, we are offering a discounted self-pay office visit for new and established patients at the price of $60.00.

Financial and Insurance Responsibilities:

With my signature, I acknowledge that I agree to pay for my treatment at the time of service, by cash, check, or charge card. I understand it is my responsibility to call my insurance company ahead of time to obtain any information regarding my benefits/limitations and to verify that a pre-authorization is on file. I understand that Regional Heart Specialists is **NOT** contracted with my insurance company at this time.

With my signature, I acknowledge that if I agree to the self-pay option my insurance will not receive a bill for services rendered. I acknowledge that the $60.00 payment will cover my office visit for the date of service rendered and that I will not receive any further statement.

I authorize Regional Heart Specialists, PLLC to furnish my insurance company with any information/medical records that may be required concerning payment of benefits.

I have read the above information and I consent to medical treatment at Regional Heart Specialists.

Print name: _____ **Date:** _____

Patient/Guardian Signature: _____