



### 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 collecting a \$60 deposit for your visit and will bill your plans out-of-network benefits. Please be aware that you may receive an additional bill after your insurance has been billed.**

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#### 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 my insurance will receive a claim for services rendered and that my out-of-network benefits will be utilized. I acknowledge that the \$60.00 payment collected at the time of check-in is only a deposit towards my visit, and that I may receive another bill.

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:** \_\_\_\_\_