San Tan Cardiovascular Center LLC

Phone: (480) 632-1577 **Fax:** (480) 632-1574

Mesa
6859 E Rembrandt Ave
Suite 117
Mesa, AZ 85212

Gold Canyon
6740 S. Kings Ranch Road
Suite 103
Gold Canyon, AZ 85118

Chandler
3980 E. Riggs Rd
Building 4 Suite 2
Chandler, AZ 85249

Consent Form

Patients Name : _____

Consent for care and treatment: I, the undersigned, do hereby agree and give my consent to San Tan Cardiovascular Center to provide medical care and treatment considered necessary and proper in diagnosing or treating the above named patient.

Patient/Responsible Party Signature: _____ Date: _____

Privacy Practices: By signing below, I acknowledge that I have received a copy of San Tan Cardiovascular Center Notice of Privacy Practices and have been provider and opportunity to review it. **Initial** _____

Financial Policy / Notification of patient responsibility:

San Tan Cardiovascular Center will bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill when services are rendered. If your insurance does not remit payment within 60 days, the balance will be due in full from you. In the event your insurance company establishes a usually and customary fee schedule, you will be responsible for the remaining balance. If any payment is made directly to you for services billed, you recognize an obligation to submit same payment to San Tan Cardiovascular Center.

Your insurance companies requires us to collect your co-payments, co-insurance, and/or any unmet deductible amounts from you at the time of service. If we do not collect these amounts, we could be in violation of our contract with your insurance and risk being denied reimbursement for your treatment and future contracting. In the event that a check is returned for Non-Sufficient funds, a $35.00 service fee will be charge to you. **Initial:** _____

Cancellation policy:

We do charge a $25 fee if you do not show up to a scheduled appointment or cancel the same day as your appointment. Please call us 24 hours in advance if you have to cancel your scheduled appointment.

If you are scheduled for a nuclear stress test, and cancel the day of the appointment, you will be charged a $100 fee. The isotope we order is SPECIFICALLY for you. It cannot be used on someone else and has to be used with in a specific time frame. Any isotope not used is then wasted and we are charged for that. Please call us 24 hours BEFORE your appointment to reschedule.

We have verified your medical benefits with your insurance, based on the information you provided. Please be advised that your insurance company has a disclaimer that this is verification of benefits only and does not guarantee payment. Benefits/payment are determined once the claim is received.

Please note: any remaining balance will be billed to you once information/payment is received from your insurance company.

By signing below, I acknowledge that I have read the above information, and that I am ultimately financially responsible for my treatment. I understand and agree that if I fail to make any payment that I am responsible for in a timely matter, I will be responsible for all costs of collecting monies owed, including but not limited to court costs, collection agency and/or attorney fees.

Patient/Guardian: _____ Date :_____