

Patient Registration Form – Page 3

Patient Name: _____

Billing and Collection Policies & Procedures:

Heartland Cardiology Associates, LLC ask that you provide your current insurance card(s) to the receptionist at each visit to ensure we have accurate information. We will file all primary and secondary insurance claims, as a courtesy to you. The patient, listed below, authorizes their insurance company(ies), including CMS-Medicare & Medicaid to pay benefits directly to us.

We participate with most local PPO & HMO Insurance plans. If we participate with your plan and you have a copay, the copay is expected at the time of service. Patients are responsible for all coinsurance, deductible, UCR balances, and denied charges, after insurance has processed your claim.

I understand that all professional services rendered are to be charged to me. All charges are due at the time of service unless other arrangements have been made in advance. If any balance is not paid, when due, I understand that I will be responsible for the balance, plus interest accrued at the rate of 1.5% per annum on the balance due. Additionally, in the event that I fail to pay the account balance when due including accrued interest, I agree to pay all collection costs including collection agency fees, reasonable attorney fees and court costs related to the recovery of money due for services by Heartland Cardiology Associates, LLC.

For the purpose of processing my insurance claims, I hereby authorize the release of information to my insurance carrier or its intermediaries for all covered services rendered by Heartland Cardiology Associates, LLC.

I have read the information provided and agree to adhere to all billing and collection policies of Heartland Cardiology, LLC.

_____ Date _____

Patient Signature

Medical Records & Confidentiality Policies:

Heartland Cardiology Associates, LLC; Phillip Dawkins, MD-PC; William Lehmkuhler, MD-PC; and Adam Dawkins, MD-PC; keeps all Medical Records (and diagnosis) confidential, in compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996). Employees have access to these records on a “need to know” basis only. Primarily, your medical information and diagnosis will be used and/or disclosed to file insurance claims with your insurance company(ies), including CMS-Medicare & Medicaid. Medical records may be released to your insurance company, upon request, for use in processing your claim.

We will not release information about you to third party payors, for any reason other than listed above, unless you provide written authorization for us to do so, in accordance with our privacy practices.

I have received a notice of Privacy Practices from Heartland Cardiology Associates, LLC. I have also read the information provided above and agree to the release of medical records/diagnosis for billing purposes.

_____ Date _____

Patient Signature