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BILLING AND FINANCIAL POLICY INFORMATION

Your insurance company informs all participants that it is ultimately your responsibility to verify benefits and coverage information prior to having any services rendered. Every attempt is made to comply with your insurance company's requirements. Since policies and benefits differ among employers and individuals participating with each insurance company, we are unable to know all the specifics of your policy. California Heart Associates cannot guarantee the cost of services performed will be covered by your insurance.

Insurance companies require submission of all claims within specified time limits. If you have a change in your insurance and you fail to inform us of the change, we may not be aware until your insurance company denies a claim. Denials often arrive after the filing limits have expired, preventing us from re-filing the claim with another insurance. To limit the charges that you may be responsible for, please ensure that we always have up-to-date information regarding your insurance coverage.

You will be responsible for payment of all services if any of the following circumstances apply:

- If you do not have insurance.
• If you do not have a referral when required and have elected to be seen.
• If you are with an insurance company that we are not contracted with.
• If a claim denial from the insurance company is not able to be resolved.

By signing this form, you agree to all the information listed above, authorize the release of any medical information necessary to process your claims, and authorize payment of medical benefits to California Heart Associates or supplier for services rendered.

Signature of Patient or Responsible Party

Date

Print Name