

SEYMOUR I. HEPNER, MD, FACC
SHERIF S. TAWFIK, MD, FACC
ALAN BENHEIM, MD, FACC
SHARON S. KARR, MD, FACC
JIN H. PARK, MD, FACC
ROBERT B. ESCALERA II, MD, FAAP
ANNETTE K. ANSONG, MD, FAAP
IRENE M. SADR, MD, FACC

LOCATIONS:
FAIRFAX
LOUDOUN
CENTREVILLE
RESTON
WOODBIDGE
HAYMARKET
ALEXANDRIA

PEDIATRIC CARDIOLOGY ASSOCIATES, PC
Phone: (703) 573-0504 Fax: (703) 573-4856

INSURANCE INFORMATION GUIDE AND POLICIES

The intention of the following information is to give you a general guideline to better understanding your insurance and what you will be responsible for prior to visiting our office. There are many different insurance companies, as well as many varying benefit plans. Due to the ever-increasing number of health plans and varying benefits, we can not predetermine whether your visit will be covered by your insurance company. Because you will be responsible for any amounts not covered by your plan, we strongly recommend that you call your insurance company before each scheduled visit. We do not preauthorize visits or call insurance carriers prior to your appointment to obtain this information, so we ask that you do. We also ask that you be prepared to pay your co-pay at the time of service, as this is what is outlined in our contract with your carrier.

Here are some things to inquire about. Find out if our practice and the physician you will be seeing is participating with your plan and ask if our practice and physician are in or out of your plan's network. Both will make a difference in whether you will receive coverage and ultimately what you will be financially responsible for. Ask what your deductible and coinsurance amounts will be. Find out what percentage they will pay us and what your percentage responsibility will be. This does differ depending on whether we are participating and/or if we are in or out of your network.

Find out if you need a referral for this visit. Most HMO plans require a referral but this is a general statement. If you need a referral and do not have one, your insurance will not provide coverage and you will be responsible for the charges incurred for that visit. All Kaiser patients must obtain an "authorized" referral. Please bring it with you to the appointment. Kaiser has very strict referral policy and you need to be sure we have one approved prior to the visit.

If your insurance company rejects your claim for any reason, you will be responsible for the balance due. We ask that you take an active role in working with the insurance company and our office to insure a smooth experience. We are more than happy to assist you with this process.

Lastly, our office does not submit claims to secondary insurance. If you have secondary insurance, you should call your secondary insurance carrier and set-up "automatic crossover" so that your primary insurance sends your claim directly to your secondary insurance. Once automatic crossover is set up, your secondary insurance should make payment directly to this office, and we will not bill you for the balance. Otherwise, you will be responsible for the balance. If your primary insurance does not offer automatic crossover, then we will bill you and you can submit our bill to your secondary insurance for reimbursement. Patients with Medicare as their primary insurance should call 800-633-4227 to determine if they are already set up for automatic crossover. ***Please contact your secondary insurance company to set up automatic crossover.***

Thank you for your time and efforts in taking care of these items prior to your visit. This will assist us in providing high quality care and saves you and your family time upon registration on the day of your visit.

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Thank you for choosing Pediatric Cardiology Associates for your child's care. Please read our policies carefully. We appreciate your efforts to comply with our policies, as this allows us to provide high quality care and service to all our patients and families.

**** Please also note many appointments can last more than an hour. ****

OFFICE POLICIES

PLEASE BE ON TIME FOR YOUR APPOINTMENT: Please come on time for your appointment. This is very important, as the appointment can last up to 1-2 hours for a new patient visit and squeezing in late arrivals is very challenging. If you are more than 15 minutes late, we will see if there are other openings in our schedule to fit you in but it may mean coming back at a later time, possibly with a different physician or we may have to reschedule you for another day.

WHAT TO BRING: Please bring a copy of your insurance card and a photo ID to every visit. We will need to have a referral at our office prior to the visit, if your insurance carrier requires one. Kaiser patients should plan to hand carry a referral to the office, as they have a very strict policy for referrals. It must say "authorized". A "pending" referral for Kaiser will not be accepted.

PREPARATION: Please do not put any lotion of any kind on your baby/child prior to your visit. We almost always perform an EKG, which requires sticking electrodes to the skin. We can not get a good reading if the electrodes do not adhere properly. If your child is coming for a stress test, have them eat a light breakfast or lunch the day of the test, but nothing to eat one to two hours before the test. No caffeine the day of the test, this includes sodas, chocolate, coffee, or tea. Bring comfortable clothes to exercise in, rubber soled shoes with ties or Velcro and sneakers are preferable. Bring a towel and a water bottle. Females should wear a sports bra or a bathing suit top and no under wire bras.

LATE ARRIVALS: We are a practice that strives to provide high quality care to our patients. We also spend significant time with each patient for their appointments; visits can last a few hours in some cases. If you are more than 15 minutes late for your appointment, we may have to reschedule you. We will do everything we can to squeeze you in on the same day but need to give priority to the patients that have arrived on time for their appointment.

CANCELLED OR MISSED APPOINTMENTS: We do have a 24-hour cancellation policy. If you need to cancel your appointment with less than 24hrs notice, we will charge your account \$25. If you do not come for a scheduled appointment, we will also bill your account \$25.

COPAY FOR SERVICES: Our contract with your insurance company states that we are to collect your co-payment at the time of your visit.

INSURANCE CLAIMS: If your insurance company rejects your claim for any reason, you will be responsible for payment. You are ultimately responsible for understanding what your insurance pays in regards to our physicians' participation with your specific plan, whether we are in or out of your specific network, deductibles, coinsurance, and whether a referral is needed. We do not prescreen patients or call insurance companies for this information, we ask that you do so prior to any visit so you know what to expect. If you have not done this prior to your appointment, you may use our phone at any time to check this before seeing our physician.

PARTICIPATING / IN or OUT OF NETWORK: Even if the doctor participates with a particular insurance company, the doctor may not be a full participant in your particular plan. It may also be true that a doctor may be participating but out of your specific network. Accordingly, *it is your responsibility to determine whether the doctor you will be seeing participates in your specific insurance plan and whether they are in or out of your specific network.* If your insurance company does not pay the claim for any reason, you will be responsible for payment. Call your carrier PRIOR to your visit please, as we do not prescreen benefits.

SECONDARY INSURANCE: Our office does not submit claims to secondary insurance. If you have secondary insurance, you should call your secondary insurance carrier and set-up "automatic crossover" so that your primary insurance company sends your claim directly to your secondary insurance company. Once automatic crossover is set up, your secondary insurance company should make payment directly to this office, and we will not bill you for the balance. Otherwise, you will be responsible for the balance. Patients with Medicare as their primary insurance should call 800-633-4227 to determine if they are already set up for automatic crossover. *Please contact your secondary insurance company to set up automatic crossover.*

COST OF COLLECTIONS: If your account is turned over to a collections agency, you will be responsible for any fees imposed by the collections agency to collect your account. As these fees can be in excess of *fifty percent (50%)* of the outstanding balance, please be sure to pay your balance promptly. Call the billing office if there is anything you do not understand.

CONSENTS: If the child will be coming to the appointment with anyone other than the parent or legal guardian, we require a written consent from the parent/guardian.

PRESCRIPTION REFILLS: Please give us a minimum of 48hrs to process your prescription refills. It is very difficult to meet all our patient's needs when prescriptions are called in and needed for the same day. Thank you for your assistance in planning ahead, we greatly appreciate it.

MEDICAL RECORDS & COMPLETION OF FORMS: For medical records requests, there is a \$5.00 processing fee for the first page, plus \$0.25 for pages 2 – 50, then \$.15 for any pages above 50. There will also be a postage charge if mailed to you (Virginia Statute). For patients in our practice, it is easier to give you a copy of your records in the office instead of mailing or faxing them. The charge for an "Attending Physician Statement" is \$35.00. Please allow us 7-14 business days to process your requests. We will strive to process these sooner, when possible or urgently necessary.

Thank you for taking the time to read these policies. Our goal is to ensure you have a great visit experience and are happy with the service you receive.

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PATIENT LIABILITY AGREEMENT

Pediatric Cardiology Associates provides quality care to all patients, regardless of insurance status. We have provided you with our **“Insurance Information Guide and Policies”** as well as our general **“Office Policies”**. We highly encourage you to review these closely in order to ensure a smooth and satisfying visit.

You will be responsible for any and all charges for your visit that are not covered by insurance. Such circumstances may include but are not limited to such reasons as: physician or group is non-participating and/or not in network with your plan, no referral on file or invalid referral dates, having no valid insurance, pending Medicare and various others reasons. It is your responsibility to know if your insurance plan benefits will cover this visit and whether we need and have a referral on file with our office. If you do not have insurance you will be responsible to pay for the charges incurred on the date of service, unless otherwise negotiated with our Billing Specialist.

If you choose to be seen without a referral on file, as we understand the inconvenience of rescheduling your appointment, you must ensure we get one within 48hrs of the visit. We want to be sure we have one in the system prior to the bill being sent to your insurance, otherwise your claim will be denied.

Please sign this form in acknowledgement that you have read and understand the information listed above. Thank you for taking an active role in knowing what your insurance will cover and what you will be financially responsible for.

Child's Name: _____ Visit Date: _____

Parent / Guardian's Printed Name: _____

Parent / Guardian's Signature: _____

Pediatric Cardiology Associates, P.C. - Registration Form

S. Hepner, MD * A. Benheim, MD * S. Tawfik, MD * S. Karr, MD * J. Park, MD * R. Escalera, MD * A. Ansong, MD * I. Sadr, MD

(CONFIDENTIAL)

Patient Name & Address:

Last First Middle
Street: _____ City: _____ State: _____ Zip: _____

Patient Date of Birth: ____/____/____ SS#: _____ - _____ - _____ Pt Sex: M or F (circle one)

MOTHER/(Last,First): _____ FATHER/(Last,First): _____

Address: _____ Check Address: _____ Check
_____ if same _____ if same

Phone: Home: () _____ Phone: Home: () _____
Work: () _____ Work: () _____
Cell: () _____ Cell: () _____
Email: _____ Email: _____

Mom DOB: _____ Dad DOB: _____

Mom SS#: _____ - _____ - _____ Dad SS#: _____ - _____ - _____
(Used for billing purposes only) (Used for billing purposes only)

*** Which parent should we mail billing statements and/or invoices to? (Circle one) MOM or DAD

Who should we call in an Emergency: (Circle one or fill in below) MOM or DAD

Other: Name: _____ Relationship to Patient: _____ PH: () _____

Pediatrician or Referring Physician Name:

Dr. FULL Name: _____ Practice: _____ Phone No.: () _____

PRIMARY INSURANCE INFO: Is under which parent (circle)? MOM DAD or SELF (for adults)

Insurance Carrier Name: _____ Group No.: _____ Member ID: _____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance, including the charge for procedures not covered by my insurance carrier. I also authorize Pediatric Cardiology or the insurance company to release any information required to process my claims. I READ PCA's OFFICE POLICIES AND UNDERSTAND THEM COMPLETELY. (Please see attached policies)

Signature: _____ Date: _____

** PLEASE NOTE ** WE DO HAVE A CANCELLATION, NO SHOW AND LATE FOR APPOINTMENT POLICY.
Please read this information in our "Office Policies" on our website at: www.pedcardva.com Thank you.