

**Maryland Heart Associates, LLC.**  
*Board Certified in Cardiology and Internal Medicine*

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**FINANCIAL POLICY**

*To all our patient, please read. If you have any questions, talk to your doctor.*

MY health insurance is a contract between my insurance carrier and myself, and I am financially responsible for all services rendered by the physicians and/or the staff of MD HEART and THE VEIN CENTER @ MD HEART, from the time the services are rendered.

ALL copays/co-insurances and deductibles are due by me at the time of office services rendered.

ALL outstanding balances are due within 30 days of service provided and prior to any additional services being rendered. MD HEART reserves the right to refuse treatment, and request the patient's appointment be rescheduled due to nonpayment.

ALL balances are due within (30) days of the services provided, with the exception of a payment plan in place with our billing department prior to providing our services.

ANY balance remaining unpaid for 90 days after service was provided shall be forwarded to collection attorney/court. I understand in the event my account is forwarded to collection or court proceedings for nonpayment, I shall be financially responsible for the amount due of the account, collection costs, attorney fees, and all court costs.

*It is my responsibility to know and understand the details of my insurance benefits, as not all carriers cover all services.*

It is my responsible to obtain a valid referral from my primary care physician (PCP) prior to my visit to MD HEART and receive their services.

MD HEART will make every attempt in good faith to obtain a pre certification on my behalf for all procedures prior to being rendered. It is my responsibility to ensure these requirements are met, or I will be financially responsible for the full charge.

*In the event I cannot provide valid proof of my health insurance prior to services being rendered to me, I shall be deemed self-pay and FULL payment will be due by me at the time the services are rendered to me.*

As a patient of MD HEART, it is my responsibility to make sure that I provide the office with accurate and valid personal and health insurance information at each visit. Failure to do so will result in my responsibility to pay for the services rendered.

MD HEART has the right to discharge me as a patient due to non-compliance of healthcare advice, failure to abide by office policies including but not limited to missed appointments, behavioral issues with physician or staff. In the event of discharge, MD HEART will abide by the State of Maryland regulations and shall provide me with a 30-days written notification to obtain a new medical facility for my future healthcare needs. In case I refuse to sign this financial policy or any office policy form, the office has the right to refuse service to me.

MD HEART charges the following fees:

- \$ 25.00 fee for “no show/missed appointments” not cancelled within 24 hours
- \$ 50.00 fee for office procedures not cancelled within 24 hours
- \$ 150.00 fee for nuclear stress tests not cancelled within 24 hours of your appointment
- \$ 100.00 per day for each 24 hour holter monitor not returned, or if damaged
- \$ 25.00 fee for all forms requiring completion by a physician
- \$ 35.00 for checks returned, stopped, or voided by you or your financial banking institute. All future payments will require means of cash, money order, or credit card only.
- Various amounts for requested medical record release, as regulated by the State of Maryland

Deductibles:

- Check Eligibility
- Confirm deductible
- Have a member from billing come down for a financial consultation
- Billing will notify the patient of their deductible. The deductible will be collected the day services are rendered except in case of Medicare.

**I understand and agree to the Financial Policies of Maryland Heart Associates, LLC as stated above.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_