



[www.amscardiology.com](http://www.amscardiology.com) 215.517.1000

## Financial Policy

**Thank you for choosing Abington Medical Specialists (AMS) as your healthcare provider.**

We are committed to delivering the highest quality of care. Please take a moment to review and sign our financial policy. If you have any questions, our staff will be happy to discuss the policy or any fees with you. As the responsible party, please understand the following:

1. **Insurance Billing:** AMS will submit claims to your insurance company on your behalf. However, you are ultimately responsible for any outstanding balance. Please inform us of any issues so we can assist you.
2. **Patient Responsibility:** You are financially responsible for any portion of the bill not covered by your insurance carrier.
3. **Payment at Time of Service:** Co-payments, co-insurance, and deductibles are due at the time of your visit. We are contractually obligated to collect these fees and cannot waive them.
4. **Surgical/Procedure Payments:** Your financial portion of any scheduled procedure must be paid before the procedure date. AMS will provide an estimate of your responsibility and a due date for payment. We are happy to work with you to create a feasible payment plan if needed.
5. **Updated Information:** Please notify our staff of any changes to your address, phone number, or insurance coverage.
6. **Referrals:** If your insurance plan requires a referral, it is your responsibility to obtain one. If a visit is denied due to lack of referral, you agree to pay AMS in full for the services provided.
7. **Collections:** Accounts with unpaid balances may be referred to a collection agency. You will be responsible for any applicable collection or legal fees.
8. **Returned Checks:** If a check is returned, you will be charged a \$25.00 bank fee in addition to the amount of the check. All future payments must be made by cash, money order, or credit card.
9. **Form Completion Fees:** Insurance companies do not reimburse for the completion of disability or FMLA forms. You are responsible for a \$25.00 fee per form submitted to AMS.
10. **Missed Appointments:** As a courtesy, AMS places confirmation calls 48–72 hours prior to your appointment. If you need to cancel or reschedule, please do so at least 24 hours in advance. **A \$75.00 fee will apply to new patients or scheduled testing/procedure who miss an appointment or cancel without sufficient notice. Established patients may be charged a \$25.00 fee for missed appointments.**

Abington Medical Specialists is authorized to release to my insurance company(s) any necessary information needed to file and expedite payment of my claims. Assignment of any benefits should be payable on my behalf to Abington Medical Specialists.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature of Patient or Legal Representative*

\_\_\_\_\_  
*Date*