

Insurance & Financial Responsibility Acknowledgment Form

I acknowledge and understand the following terms and responsibilities as a patient of **Genesis Heart and Vascular Associates**

1. Insurance Submission & Verification

- I am responsible for providing **accurate and up-to-date insurance information** before receiving any services.
 - I will verify my insurance **eligibility and coverage** by contacting my insurance company **prior to each appointment**.
 - Some procedures may require **prior authorization**, which I must confirm with my insurance provider.
 - Genesis Heart and Vascular Associates is **not responsible** for locating or verifying insurance coverage on my behalf.
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2. Financial Responsibility

- If I provide incorrect or missing insurance information, or if payment is denied due to **missing Coordination of Benefits (COB)**, I am **fully responsible** for all charges.
 - **Copayments, deductibles, and other patient responsibilities** are **due at the time of service**.
 - **All outstanding balances must be paid in full** before additional appointments can be scheduled.
 - If I have **TennCare** at the time of service, this notice does not apply.
 - **Credit card payments** are subject to a **3% processing fee**.
 - Statements are accessible through the **patient portal** at www.genesisheartandvascular.com, and balances must be paid within **30 days**.
 - We use collections services after 30 days on all outstanding balances. Collections fees may apply in excess of outstanding balance.
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3. Secondary Insurance

- You have successfully completed coordination of benefits
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4. TennCare Patients

- If I **lose TennCare**, I will be responsible for any patient responsibility left unpaid by my primary insurance.

5. Appointment Cancellation & No-Show Policy

Fees are charged since there is an administrative cost to scheduling your appointment and keeping an open time slot that someone else might have needed.

- Fees for missed or no-show appointments are:
 - **\$20** – Missed office appointments
 - **\$59** – No-show for stress tests
 - **\$50** – No-show for ultrasound appointments
 - **\$200** – No show for any scheduled hospital diagnostic procedure – TEE/Cardioversion, Cardiac Cath, Peripheral, Carotid, Venous Renal.
 - **\$75** – No Show for any scheduled hospital diagnostic procedure – CT/MRA, MRI, Cardiac Imaging studies, Calcium Score
 - **The no show fee is payable before your next office visit.**
- **I understand that No fees will be charged** if I notify the office **at least 48 hours in advance.**
- **I understand that my INSURANCE WILL NOT PAY my NO SHOW FEE**

When appointments are canceled, our staff must first verify insurance and secure any necessary authorizations before we can offer that time to another patient. Last-minute cancellations or no-shows disrupt this process and can delay care for others. Our providers have dedicated blocks of time for hospital procedures, and delays can impact not only their schedules but also the timely care of other patients.
