



## **Financial Policy Acknowledgement**

Inovia Vein is committed to providing you with the highest quality of medical care in an efficient and cost-effective manner. We ask that you please read through and sign our financial acknowledgement prior to any treatment. This form will be given back to you for your records.

All charges, regardless of insurance coverage, are the responsibility of the patient. Inovia Vein will verify Insurance benefits as a courtesy to you. We do not guarantee benefits quoted by your insurance company are a guarantee of payment. Knowledge of any Covered/Non-Covered services is the responsibility of the patient. At Inovia Vein, we encourage every patient to contact their insurance company to verify coverage. Any service not covered by your insurance company is ultimately the responsibility of the patient.

Inovia Vein must bill the visit according to services rendered. Please see the following list of common CPT codes used here at Inovia Vein:

- |                                  |       |                                      |       |
|----------------------------------|-------|--------------------------------------|-------|
| • New Patient Visit              | 99204 | • Stab Phlebectomy (AP)              | 37765 |
| • Established Patient Visit      | 99214 | • Venaseal                           | 36482 |
| • Ultrasound Scan (one leg)      | 93971 | • Varithena                          | 36465 |
| • Ultrasound Scan (bilateral)    | 93970 | • Sclerotherapy                      | 36471 |
| • Arterial Brachial Index Screen | 93922 | • Ultrasound Guided Needle Placement | 76942 |
| • Radiofrequency Vein Ablation   | 36475 |                                      |       |

Patients will be asked to provide their current insurance along with current demographics at time of their initial visit with Inovia Vein. We will also ask to verify demographics upon the patient’s first visit of each new calendar year. It is ultimately the patient’s responsibility to inform our office of any insurance, address or telephone number changes. Failure to do so could result in a balance being the patient’s responsibility.

Under the terms of the contract we have with your insurance company, once your insurance has processed your claim, any remaining balance is your financial responsibility. We expect prompt payment of any co-insurance, deductibles or any other monies due. For any returned or denied payments a \$25.00 Non-Sufficient Fund fee may apply. Please be aware that some of the treatments or tests performed at Inovia Vein may not be a covered service with your insurance policy or may not be considered medically necessary. Again, we urge our patients to call their insurance company to verify coverage.

Patients will receive monthly statements. If the patient account remains delinquent through 3 billing cycles the account will be referred to an outside collections agency and patient may be responsible for collection fees. At that time, patient care may be terminated if account continues to remain delinquent.

Co-payments will be verified upon your first visit at Inovia Vein and will be expected at each visit. We are required under agreement with your insurance company to collect this from you.

For patients without insurance, full payment is due at the time of service. We do not offer payment plans for these services.

I, \_\_\_\_\_ have read and understand the above Financial Policy for Inovia Vein Specialty Centers.

X \_\_\_\_\_  
Patient/Guardian Signature Date