

Bloomfield Vein & Vascular

This document delineates our policy regarding performing procedures in our office and your financial responsibility associated with the care that you receive.

We ask that you read this document carefully. Your signature at the conclusion of this document signifies that you have reviewed the terms and conditions as set forth and that you agree to abide by such terms and conditions. This is a legal document that binds you and Bloomfield Vein & Vascular. Failure to sign this contract will not allow us to schedule your procedure.

Health insurance has become increasingly complex. Most people understand that having a deductible means that their medical insurance will cover some of the costs associated with the care that they receive, but will not cover all of the care. It is very important that you look at your policy carefully and have a clear understanding of how much you are expected to cover as part of your treatment. It is also important for you to determine if you have co-insurance, and how this impacts the amount of money that you might be required to pay.

As of January 1st, 2022, the following policy is applicable to the procedures that are scheduled and are to be performed at Bloomfield Vein and Vascular.

1. We will **perform insurance verification** to determine if your procedure requires pre-approval.
2. If your deductible is greater than or equal to \$1,000, we ask that you pay at least half of your deductible that would be applicable to the cost of your procedure with us, to ensure that we can proceed with your intervention. For example, if your deductible is \$4000, and your procedure total cost exceeds such a deductible, we would ask that you pay at least \$2000 before your procedure is scheduled.
 - a. Please note that we will not be able to schedule your procedure until this requirement is met.
3. We also ask that you pay any outstanding co-pays and any other charges that fall within the patient responsibility as described by your insurance company, prior to any services rendered.
4. If you have a balance after you have paid at least half of your deductible, the following is applicable:
 - a. The patient balance must be paid within 6 months of your procedure. Failure to do so will result in the following:
 - i. Your account will be referred to collections
 - ii. You will not be allowed to schedule any office visits, ultrasounds, or additional procedures, until the account is settled.
 - b. To ensure that the balance of your patient responsibility is covered, a payment plan will need to be in place to cover any and all remaining costs the insurance company applies to you, the patient.

- i. This payment plan must be in place when we confirm your procedure's final scheduled time.
 - ii. You will receive a copy of the written agreement that outlines the terms of the payment plan.
 - iii. You have the option of choosing to set up a payment plan directly with us, also known as the "**in-house plan**" or to choose "**Care Credit.**" Care Credit is an independent provider of financial options to cover medical expenses.
 - iv. The terms of the payment plan will vary, but our "**in-house**" payment plan will not exceed 6 months.
 - v. As a convenience to you, we offer "**Care Credit,**" to cover any balances over \$1000 that require longer terms to pay.
5. Once we receive approval from your insurance company that your procedure is a covered benefit, and once you have satisfied your financial responsibilities with us, we will consider your procedure "**scheduled and confirmed,**" and we will be able to proceed as planned.

Your signature below is an acknowledgement that you have had an opportunity to read this document and understand the terms and conditions.

If you have any questions regarding your options regarding the payment plans available to you, please feel free to reach out to the office at 248-481-2100 or email at tammy@bloomfieldveinandvascular.com

Your Signature

Date

Your printed name