



David W. Kohl, MD  
 John G. Finn, MD  
 M. Fernando Salazar, MD  
 Mohan S. Reddy, MD  
 Ravi Kethireddy, MD  
 Shalin Shah, MD  
 Brian Moss, DO

Amit Srivastava, MD  
 Malay Gandhi, MD  
 J. Nicolas Codolosa, MD  
 Vikas Bhatia, MD  
 Amber Tas, DO  
 Christine Coppola, ARNP  
 Sandy Collier, Administrator



**Financial and No Show Policy**

**PATIENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your health and welfare are very important to us. In these strained economic times and with health care reform, your adherence to our financial policies is crucial.

**Insurance**

**Coverage/Benefits:** We do our best to provide you with information regarding your insurance. However, it is ultimately your responsibility to know your health insurance coverage and benefits.

**Authorizations/Referrals**

**Office Visits:** It is your responsibility to contact your primary care physician to obtain an authorization or referral for your visits. Without an authorization or referral, it will be necessary to reschedule your appointment, and you will be notified.

**Diagnostic Testing:** Bay Area Heart Center will obtain authorization/referrals for diagnostic testing ordered by our physicians. If testing is not approved by insurance or primary care physician (PCP), the testing will be cancelled.

**Copays/Deductibles/Co-insurance/Outstanding Balances**

All applicable copayments/deductibles/co-insurance and outstanding balances will be collected prior to being seen on the day of your appointment. If payment cannot be made, your appointment will be rescheduled.

**Appointments/Cancellations**

We try to be courteous to all patients regarding appointment availability. Therefore, if you are unable to keep your appointment, please notify our office at least 24 hours prior to your scheduled appointment.

Please arrive 20 minutes prior to your appointment time so that we may answer and/or ask questions necessary to make your visit with the doctor run smoothly.

**No Show Policy**

There will be a \$50 charge for not showing up for an appointment more than twice within a one-year period without a 24-hour notice of cancellation. Patients who fail to show for their appointments and who do not notify the practice in advance are costly to the practice and may prevent a sick individual who needs to be seen from getting a preferred appointment time.

I authorize the release of any medical or other information acquired in the course of treatment as necessary to file insurance claims or to another medical provider related to my care. I also authorize payment directly to the physician for medical/surgical care, that would otherwise be payable to me. I realize that I am responsible for any services that are non-covered by my insurance. The patient (and/or spouse/ guarantor) is responsible to pay all sums unpaid by insurance. If it becomes necessary to collect any sum due through an attorney, then the patient (and/or spouse/ guarantor) agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

If you have any issues or questions regarding your account here at the Bay Area Heart Center, please feel free to call the billing department at: 727-456-1111.

\_\_\_\_\_  
 Patient

\_\_\_\_\_  
 Spouse or Guarantor

Date: \_\_\_\_\_  
 REV. 8/10

5398 Park Street North, St. Petersburg, FL 33709  
 4805 49th Street North, St. Petersburg, FL 33709  
 1301 2nd Avenue SW, Suite 301, Largo, FL 33770  
 1201 7th Avenue North, St. Petersburg, FL 33705  
 727-544-1441 Fax 727-545-8263