



Dear Patient,

The doctors, associates, and staff at the Bay Area Heart Center (BAHC) would like to welcome you to our Practice. Our mission is to provide the highest level and quality of cardiac care available. We are committed to you as an individual and strive for continuous improvement in the technical delivery of care in the field of cardiology.

This letter will confirm your scheduled appointment with our office on. 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.

It is your responsibility to contact your Primary Care Physician (PCP) to obtain an authorization or referral for your office visits at BAHC. Without an authorization or referral, it will be necessary to reschedule your appointment.

We ask that you complete and **bring the enclosed paperwork** with you to the appointment.

Also, bring with you the following:

- The medications you are currently taking in their original containers.
- Health insurance cards, driver's license and credit card.
- Referral or Authorization (if required by your insurance company).
- Medical records. Please have your pertinent medical records mailed or faxed to our office (fax 727.545.8263) before your appointment date. Your doctor will specifically require your most recent EKG, any lab work and primary care doctor's notes.

Please fill out the "bubble cards" prior to your appointment and bring them with you. There are 2 cards that need to be filled out; please include information on each section and on both sides of both cards. Please use pencil and fill in the circles completely. Do not use checkmarks or write between the sections. It is imperative that these be completed prior to your appointment. The physician must have this information prior to the appointment time.

If you presently have a Living Will or Advanced Directive, we request that you supply us with a copy for our records. If you would like assistance filling out a Living Will or Advanced Directive, we will assist you with this. However, it is the policy of the Bay Area Heart Center that should a patient suffer a cardiopulmonary arrest while in the office, all reasonable attempts will be made to resuscitate (revive) the patient.

We look forward to seeing you at our office, and ask that you call us if you have any questions.

Sincerely,

BAHC



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM AND PERMISSION TO RELEASE MEDICAL INFORMATION

Bay Area Heart Center has developed a comprehensive policy to preserve your confidential medical information also called "protected health information". This Notice of Privacy Practices is available for you to read and review in the lobbies of our offices. A printed copy of the notice is also available to you if requested.

I hereby acknowledge that this information has been made readily available to me, and I have had the opportunity to review the information contained therein.

In Addition, I hereby given my permission for my Protected Health Information to be released, when necessary, to the following individuals, who are also my emergency contact(s):

Name: _____ DOB: _____ Relationship: _____ Phone: _____

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This information may include, but is not limited to, confirmation of appointments, testing results, medication changes, progress reports, etc. I may withdraw this permission at any time by informing the Bay Area Heart Center staff in writing.

Patient's Signature _____ Date: _____

Family/Significant other Signature _____ Date: _____

OR

My Protected Health Information is not to be released to any individual.

Patient's Signature _____ Date: _____

Family/Significant other Signature _____ Date: _____



Financial and No Show Policy

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.

Authorization/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.

Appointment/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.