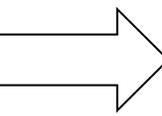




David M. Stieber, MD

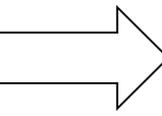
Interventional & Consultative Cardiology

PLEASE KEEP THIS FORM FOR YOUR REFERENCE: This is the patients copy if you have questions please let us know so that we may explain items further.



NO SHOW/CANCELLATION: As a specialty practice, this office is considered a limited resource for our community. Many patients must wait unnecessarily for an appointment, as a result of **no-show appointments**. Due to the frequency of these **no-show appointments**, as of November 2021, our office has adopted the following new policy regarding **no-show appointments**. **When a patient fails to show for their scheduled appointment without a 24-hour notice, a \$75.00 charge will be billed to you, which must be paid in addition to any co-pay PRIOR to the next scheduled visit. If the patient fails a 2nd time to show for their scheduled appointment without 24-hour notice, a \$125.00 charge will be billed to you, which again must be paid PRIOR to the next scheduled visit. If there is another failure to show for the 3rd rescheduled, the patient may be terminated from the practice.**

PATIENTS WITH INSURANCE: **Pre-Certification and prior authorization are ultimately your responsibility.** Incomplete insurance information means you will be billed not your insurance. Your insurance is your benefit. Our billing company, Kellison, will bill your insurance for services rendered if the proper information and paperwork are provided to us. Since your agreement with your insurance is a private agreement, Fairbanks Cardiology does not routinely research why insurance has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, you may receive a bill from our billing company, Kellison for services rendered by Fairbanks Cardiology. We do expect to receive payment in full within 90 days after billing the claim. Services that are Non-Covered or not medically necessary and therefore not payable by the patient's insurance payer **are the financial responsibility of the patient.**



Your insurance carrier may require **PRE-AUTHORIZATION/PRE-CERTIFICATION** for specific examinations or diagnostic testing. Due to the small office staff of Fairbanks Cardiology we simply do not have enough staff to complete the pre-auth/pre-cert process for every patient prior to every diagnostic test. **It is the patient's responsibility to inquire with their specific insurance provider to check if a prior authorization is necessary. If this is the case, please let our staff know and we will complete the prior authorization process for you. Please be aware that services denied by your insurance for no pre-certification/no pre-authorization will be your responsibility.**

After insurance has made all adjustments and payments, you are responsible for the remainder/patient responsibility. **We will require you to pay at least 20% of your outstanding balance from your previous visit if you should come in for a follow up and have a remaining balance.**

SELF PAY PATIENTS: You are expected to make financial arrangements with Fairbanks Cardiology before your appointment. So that you have an understanding of the financial commitment you are making, in order to bring your account balance to zero. Your account balance must be paid within a time frame that is acceptable and agreed upon by both Fairbanks Cardiology and you. **Typically, we ask for one-half of the appointment fee at time of service or at least \$200.00 to be applied to your bill.** Special financial arrangements need to be made with the Office Manager before your check in time (see payment options). Any last minute adjustments to financial arrangement previously agreed upon must be discussed with the Office Manager before the appointment is performed and may cause a delay or reschedule of your examination.

NSF FEE: Checks returned for non-sufficient funds will be charged \$25.00.

WORKERS COMPENSATION CLAIMS: Kellison Billing Company will bill your WC insurance if you provide us with necessary information to bill. This includes the WC carrier name, address, the date of injury, the claim number, date of injury and the adjusters name and phone number.

COLLECTIONS: In the event your account goes **90 days without payment**, it may be assigned to a debt collections agency, Cornerstone Credit. Once the account is with the collections agency, payments must be made to the agency.

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