

## Patient Financial Information

### **Billing Information:**

Patients treated in this practice are responsible for the fees associated with their tests, treatments and office visits.

Patients seek medical attention for a variety of venous conditions and problems. Medicare and health insurance plans consider some conditions and treatments to be '*medically necessary*' and others to be '*cosmetic*' or '*elective*'.

Cosmetic or elective procedures are usually not covered by insurance plans. Fees for initial office visits and cosmetic services must be paid at the time service is provided. Fees for office consultations may vary, depending on the complexity of the consultation required.

Medically necessary procedures are often covered in part by insurance plans. Restoration Vein Care (RVC) bills insurance for medically necessary procedures performed on patients covered by Medicare, Priority Health, HAP, Blue Care Network and Blue Cross/Blue Shield plans. Patients covered by other insurance plans must pay at the time of service. RVC will provide the information needed to submit their claims directly to their insurance carrier. Collection of insurance benefits will be the responsibility of the patient.

You may be referred to a St. Joseph Mercy Health System (SJMHS) facility for additional laboratory or diagnostic testing such as duplex ultrasound exams. Charges for these procedures will be billed directly to you by SJMHS. Patients must consult with their insurance plans to determine if this testing is a covered benefit.

### **Payment for services:**

Should your RVC physician recommend a procedure to be performed in a SJMHS operating room facility or Imaging Center, you will receive a bill from SJMHS (facility fee). Facility fees incurred for procedures performed for medical necessity will usually be covered in part by your insurance carrier. Questions regarding your facility bill should be directed to the SJMHS Billing Department.

You will also receive a separate bill from RVC (professional fee). All patients except those insured through Medicare, Priority Health, HAP, Blue Care Network and Blue Cross/Blue Shield plans, or those whose services are not a covered benefit, are responsible for the direct full payment of our professional fees for medically necessary procedures. If you have another form of medical insurance, you will be furnished with an itemized statement for professional services rendered for the operative or interventional procedure, and you should submit the charges to your insurance company for reimbursement. Payment for professional services provided in the SJMH Imaging Center or operating room facilities is due one week prior to your procedure.

Patients are encouraged to consult their insurance company to determine or confirm specific coverage.

My signature below confirms: I have received a copy and understand Restoration Vein Care's patient financial information.

I understand that it is my responsibility to know what the terms of my insurance coverage are, and in compliance with those terms, agree to pay all applicable co-pays and outstanding patient balances as described in the provided document.

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Patient/Guarantor Signature

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Today's date