

PRACTICE POLICIES AND PROCEDURES

Thank you for choosing PULSE- Heart, Valve, and Vascular Institute for your cardiovascular care. Every member of our team strives to exceed your expectations in order to make your experience with us comfortable and stress free.

OFFICE HOURS

Our staff is available Monday-Friday, 8:30 am to 5:00 pm, for routine matters, such as appointment scheduling, prescription refills, and other non-emergency matters. In the event of an emergency call 911.

For prescription refills, please allow **48** hours and ask your pharmacy to contact us directly.

If your matter requires a return call from Dr. Majeed, our Physician Assistant, Erin Horst, or the nursing staff, please allow **24-48** hours to receive a return call.

APPOINTMENTS

When calling for an appointment, please be prepared to provide our staff with your reason for the visit, as well as any updated contact or insurance information.

While we strive to see each patient that is scheduled within a reasonable amount of time, emergencies can occur in specialty medicine and Dr. Majeed will always give each of his patients the time they require for their unique medical problem. For this reason, we kindly request your patience and understanding should a delay occur, or rescheduling be necessary, on your appointment date.

It is our policy that *cancellations must be made within 24 hours* of scheduled appointments. In the event that your appointment is not canceled, a no-show fee will be added to your account.

No Show fees are assessed as follows:

- \$25.00 for established patient appointments
- \$150.00 for all office and hospital diagnostic procedures

****Please be advised that no-show charges are the patient's responsibility and will not be billed to your insurance company.***

Repeatedly missing appointments without notice may result in your termination from our practice.

INSURANCE

As a courtesy to our patients, our practice will file a claim to the insurance company on your behalf. If you do not have insurance, please contact our in-house billing department to discuss payment arrangements at (941)629-2111.

It is the patient's responsibility to inform our practice of any changes in insurance coverage. Failure to do so could cause the denial of your insurance claim. If insurance does not pay for the patient's charges, the balance will become the patient's responsibility.

Patient's are responsible for co-payments, co-insurance, and deductibles at the time of service. Our practice accepts cash, checks, and all major credit/debit cards.

FEES

Medical Records: Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to release of these materials.

Any medical records that are requested by another physician's office will be faxed directly to that office at no fee. Medical records requested by other parties, such as insurance companies or attorney's offices, will incur the following fees:

Physician Offices, Hospitals, and other medical facilities: No Fee

- Patients: \$25.00
- State Disability claims: \$14.00
- Attorney's Offices & other entities: \$50.00 and up depending on the number of pages.

Form fees: If a patient has forms that need to be completed there will be a \$20.00 fee assessed. Please allow 5 business days for completion.

COLLECTION AGENCY

Pulse- Heart, Valve, and Vascular Institute uses an outside collection agency for financial recovery when necessary. An administrative fee of **30%** will be assessed to your account along with the fees assessed by the collection agency to recover any financial losses.

ACKNOWLEDGEMENT OF PULSE POLICIES

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the PULSE- Heart, Valve, and Vascular Institute Policies and Procedures and HIPAA patient forms.

HIPAA ACKNOWLEDGEMENT

I understand and have been provided with a ***Notice of Information Practice*** that provides a complete description of information uses and disclosures. I understand that the Practice reserves the right to change their notice and practices. I understand that I have the right to object to use of my health information and that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Practice has already taken action in reliance thereon.

ASSIGNMENT OF HEALTH INSURANCE BENEFITS AND FINANCIAL AGREEMENT

I authorize payment to my physician of any health insurance benefits that are payable, including Medicare, Medicaid, secondary insurance, and/or payments under any Employer Self-Funded Medical Expense Reimbursement Plan as governed by the Employee Retirement Income Security Act (ERISA), and/or payments from private insurance companies. I certify that the information I have given to the practice to bill for payment is correct. I assign and transfer to Pulse-Heart, Valve, and Vascular Institute and Farhan Majeed, M.D. or their agents the right to act in my place to bill and collect all payments that are payable under any private or government plan of health benefits and/or to sue any insurer or other responsible party to obtain these payments. I understand that I have to pay my physician for all charges not paid by my health insurance. This payment authorization, assignment of benefits, and agreement of financial responsibility is also binding on my administrators, executors, heirs, and successors.

My signature confirms that I have read this assignment of benefits and that I understand.

Patient/Guardian Signature

Date



PULSE- HEART | VALVE |VASCULAR

3420 Tamiami Trail, Unit 2

Port Charlotte, FL 33952

Telephone: (941) 629-2111

Fax: (941) 627-5377

HIPAA IS AN ACRONYM FOR THE Health Insurance Portability & Accountability Act

This Notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

NOTICE OF INFORMATION PRACTICES

PULSE- Heart, Valve, and Vascular Institute may use and disclose protected health information for treatment, payment, and healthcare operations, health related benefits and services, release of information to designated individual entities, and other disclosures as required by law. Examples of this include, but are not limited to, requested life insurance, referral to nursing homes, home health agencies, and/or referral to other providers for treatment, or collection agencies. Healthcare operations include, but are not limited to, internal quality control, quality assurance, and auditing of records.

PULSE- Heart, Valve, and Vascular Institute is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. These circumstances include, but are not limited to, cases of public health requirements or court orders.

PULSE- Heart, Valve, and Vascular Institute will not make any other use or disclosure of patient's protected health information without the individual's written authorization. The individual may revoke such authorization at any time. Any revocation of authorization must be submitted in writing.

PULSE- Heart, Valve, and Vascular Institute may contact the patient to provide appointment reminders, information regarding treatment recommendations, or other health-related issues that may be of interest to the patient or the concern of the Physician.

PULSE- Heart, Valve, and Vascular Institute will abide by the terms of this notice, or the notice currently in effect at the time of disclosure.

PULSE- Heart, Valve, and Vascular Institute reserves the right to change the terms of this notice and make new notice provisions effective for all protected health information it maintains.

PULSE- Heart, Valve, and Vascular Institute will provide each patient with a copy of any revisions to the Notice of Information Practices at the time of their next visit, if requested, or if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our office.

Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the Practice please contact the Privacy Officer and/or the HIPAA Compliance Officer at the address and phone number listed below. All complaints will be addressed.

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