



8687 Hospital Drive, Suite 102, Douglasville, GA 30134 | 6853 Douglas Blvd Ste C, Douglasville, GA 30135
Phone: 678.785.5001 | <https://kccwc.com>

Financial Policy

Kingdom Cardiovascular Care and Wellness Center (KCCWC) is committed to providing you high quality medical care in a cost-effective manner.

- ❖ **Insured Patients:** If you have coverage, as a courtesy KCCWC will file all claims directly with your insurance company and will assist you in obtaining the maximum fair reimbursement for the services rendered.

In order to provide this service to you, we must have all of your current insurance data. Insurance cards must be presented at each visit. Patient with insufficient insurance data will be registered as Self Pay and payment in full will be expected at the time of service.

We are required by our contract with your Insurer to collect your portion of the visit's charges. **It is your responsibility to pay any deductible, co-payment, or any portion of the charge as specified by your plan at the time of service.** Any medical services not covered by the patient's plan are the patient's responsibility. Should your Insurer later deny the claim, you are fully responsible for paying the charges, or making financial arrangements with our Business Office within 15 days of our statement.

KCCWC participates with most of the area insurance plans. If you have insurance that we do not participate in, we will still file a claim out of courtesy, however, it may impact your deductible and/or co-payment. We encourage you to contact your insurance company in advance to determine your payment.

MEDICARE AND VA BENEFICIARIES: Please note if you have both of these insurances we can only file our claims to one. Thus, we will file our claims to Medicare due to our appeal rights. If there is a balance left from Medicare and you do not have a Tertiary insurance, you will be responsible for payment. You can bill the balance to the VA for reimbursement.

- ❖ **Self Pay Patients:** Patients with no insurance coverage or proof of coverage are expected to pay in full at the time of service **in the form of cash, credit card, or money order only** unless prior arrangements have been made. Please call our Office at 678.785.5001 in advance to make arrangements for payment.

PATIENT FINANCIAL ASSISTANCE PROGRAM: Our Indigent Program is based on an individual's household income. The program runs per calendar year. Each year you will need to sign a new contract for approval. If you are enrolled in our Indigent Program you are required to pay your specified co-payment at the time of service.

- ❖ **Billing Inquiries:** Our practice believes that a good patient/physician relationship is based on understanding and communication. Questions about this financial policy or financial arrangements may be directed to our Office at 678.785.5001. We are glad to assist in any way possible; however, some specific coverage questions can only be addressed by your insurance company's member services department.

I have read and understand this explanation of my financial responsibility for services I receive from KCCWC.

Patient Signature

____/____/____
Date