

**Lexington Heart Specialists, PSC**  
1760 Nicholasville Road, Suite 402  
Lexington, KY 40503  
859-278-0383

**Financial Responsibility Acknowledgement**

At **Lexington Heart Specialists, PSC**, we are committed to providing you with the best medical care and services. Like any small business, **LHS** has financial obligations and patients are expected to satisfy their financial responsibility to us. If you have insurance or billing questions, please let us know.

**Direct Payments:** we participate with many insurance plans and they pay us directly for your services. The registration paperwork you signed also directed secondary carriers to send payment to us.

**Patient Payments:** full payment is expected at the time of service for all **co-payments and co-insurance amounts**. If you have not met your **deductible**, or you have a **balance due after insurance**, we will collect that payment as well. We accept VISA and MasterCard, cash and checks. There is a \$35 fee for any NSF check.

**Balance Accounts:** two statements will be sent for patient-due balances. If payment is not received or a payment plan is not finalized, the account will be released to our collection agency. Once we've taken this action, you will be notified in writing that you have 30 days to make alternative arrangements for Cardiology care. During this 30 day notice period, we will be available on an emergency basis only. Collection fees, legal fees and court costs will be added to your outstanding account.

**Non-Covered Services:** we will make every attempt to obtain authorization from your carrier for services rendered, but in the event the carrier denies a claim as "non-covered," you will be responsible for all charges.

**Missed Appointment Policy**

**Pt Initial** \_\_\_\_\_

**Office Appointments:** all office appointments are confirmed by our staff 48 hours in advance. In addition, patients can call the office to cancel. We expect a 24 hour notice of cancellation, but even calling on the day of your appointment allows us to offer that time to another patient. **Failure to give us the courtesy of a cancellation phone call will result in a \$35 charge to your account.**

**Testing Appointments:** all testing appointments are confirmed in person by members of our staff so that final instructions can be reviewed. **Failure to cancel a nuclear stress test with a 24 hours notice will result in a \$150 charge to your account.** This charge is a pass-through for the dose of radioisotope we purchased on your behalf; it cannot be billed to your insurance company, returned to the pharmacy or used for another patient.

**To cancel an appointment,** call our office at 859-278-0383 or 877-451-0033.  
You may also email us at [info@lexingtonheart.com](mailto:info@lexingtonheart.com)

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Patient

\_\_\_\_\_  
Date