

Dr. Mircea Basaraba – Southern Tennessee Cardiology

PO Box 100 Winchester TN 37398

931-697-7227

PATIENT FINANCIAL RESPONSIBILITY FORM

1. **Responsibility.** The patient or his/her guarantor is responsible for all balances due **Southern Tennessee Cardiology** for services rendered. For insurance, patients are responsible for any Copays, Coinsurance and/or Deductibles at time of service. Please note: **Southern Tennessee Cardiology** will comply with the payment terms of only those insurance companies and other third-party payers it has a formal written agreement with. Contact the Billing Office to check if your current insurance plan is one in which we accept their payment terms. For those payers that we do not have an agreement, the patient will be responsible for all balances remaining after the insurance company pays.

2. **Payment Due.** All balances are to be paid in full or an arrangement for a payment plan must be made through the Billing Office within 30-days of receiving your first Initial Billing Statement. Statements will be mailed every month. The "Initial Billing Statement" is mailed to patients with insurance or other third-party payers only after a claim has been submitted and paid. The "Initial Billing Statement" will include the amount that the patient is responsible for payment and the payments made by third-party payers.

3. **Payment Plan.** If the patient cannot make their payment in full within the 30-day period following the "Initial Billing Statement", the patient is responsible to contact the **Southern Tennessee Cardiology** Billing Office at 855-850-7032 to make arrangements to set up a payment plan. The failure of the patient to follow the payment plan may result in an immediate request for payment in full or formal collection proceedings will begin.

4. **Collections.** The failure of the patient to comply with their payment policy will result in **Southern Tennessee Cardiology** taking steps to collect the outstanding balance through sending the patients account to a collection agency.

5. **Change of Address/Contact Information:** The office must be notified **immediately** of any change of address or contact information for the patient in order for the patient to receive Billing Statements and correspondence from the Practice regarding their account.

Additionally, if I receive any insurance payments directly from my insurance carrier for services performed, I will immediately (no later than 5 days) pay over such payments to **Southern Tennessee Cardiology**.

I fully understand and agree to the above policies and conditions for Southern Tennessee Cardiology and Dr. Mircea Basaraba. A copy of this agreement is available upon request.

Patient/Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Vascular Risk Assessment

Name: _____ Date: _____

Circle "YES" or "NO" to the following questions to determine if a vascular exam will help better assess your leg health.

At the end of the day:

- | | | |
|--|-----|----|
| 1. Are your legs swollen, painful, red or warm to the touch? | Yes | No |
| 2. Do your legs feel heavy, tired, restless, or achy? | Yes | No |
| 3. Do you get pains from prolonged sitting or standing? | Yes | No |

Other symptoms:

- | | | |
|--|-----|----|
| 4. Have you had a blood clot in a vein that caused inflammation, pain Or irritation? | Yes | No |
| 5. Do you have varicose veins, ropey or bulgy veins (raised above the Skin surface) in the legs? | Yes | No |
| 6. Do you suffer from tingling, numbness, burning or cramping In the legs or feet. | Yes | No |
| 7. Do you have skin discoloration on your lower legs? | Yes | No |
| 8. Do you have hard to heal ulcers or sores on your lower legs? | Yes | No |
| 9. Do you have a family history of blood clots? | Yes | No |
| 10. If female, have you had one or more children? | Yes | No |

Risk Factors:

- | | | |
|--|-----|----|
| 11. Do you smoke or have you ever smoked? | Yes | No |
| 12. Do you have high blood pressure? | Yes | No |
| 13. Do you have high cholesterol? | Yes | No |
| 14. Do you have diabetes? | Yes | No |
| 15. Have you had a heart attack or stroke? | Yes | No |