



Srivani R. Ambati, M.D., F.A.C.C.
Mary Anderson, RN, MSN, FNP
Kim Munneke, RN, MSN, FNP
www.peakcardiology.com

1071 Pemberton Hill Road Ste 102
Apex, NC 2750

Phone: 919-363-6060
Fax: 919-363-6040

Financial Policy

1. The doctors and staff of Peak Cardiology are committed to providing you with the best possible medical care. We would also like to assist you in optimizing the benefits you obtain from your insurance carrier and in minimizing your concerns about the cost of the services you receive. In order to achieve these goals, your assistance is needed. As a service to our patients, we will bill your insurance company. If your insurance company requires a specific form, please bring or send the form to our office.
2. Insurance coverage is a contract between you and your insurance company. Peak Cardiology is not a party to that agreement. **ALL CHARGES ARE THE RESPONSIBILITY OF THE PATIENT.** If your insurance company does not pay our office within 60 days after filing, you will be responsible for paying the balance due with the exception of Medicare patients.
3. Prior to our office visit or cardiac testing we will be glad to assist you with the detailed information and codes we will most likely be billing your insurance company. **We strongly encourage you to call your insurance agency to discuss your coverage including your deductible status.**
4. **If your insurance company needs pre-certification or second opinion, it is your responsibility to notify us or your insurance company.**
5. If insurance payments leave you with a balance due on your account or if you have no insurance we will be happy to make payment arrangements for you.
6. All accounts which are past due for 120 days or more will be reviewed and possible collection action will be taken.
7. If you are applying for Disability/ Medicaid, due to the length of time required to receive these funds, you should be making monthly payments on this account, and if assistance is received, you should notify us immediately, so that we can file for benefits.
8. We accept all major credit cards and personal checks.
9. We charge co-pays, deductibles, and coinsurance at time of service. It is your responsibility to know your cost prior to appointment. If you have any questions or need any diagnostic codes please feel free to call.

Cancellation Policy

Peak Cardiology understands that occasionally you will be unable to attend your scheduled appointment. When this happens we request a 24 hour cancellation notice. Failure to do so will result in the following **missed Appointment Fees:**

\$ 25.00 Fee Office or Consultation Visit for Each Missed

\$ 50.00 Fee Echo (Ultrasound) or Stress Echo Test

\$ 200.00 Fee Nuclear Stress Test – Note: This charge covers the cost of medication that is delivered for your appointment, which cannot be returned nor used for a later date. This fee is only charged if you do not provide our office a 48 hour cancellation notice.

I have read and understand the cancellation policy stated and agree to accept responsibility as described.