

## **HEARTLIGHT HEALING ARTS**

### **POLICIES AND PROCEDURES**

#### **Payment:**

Payment for appointments is expected at the time of service. We accept cash, checks and Visa, MasterCard or Discover credit cards.

#### **Insurance:**

Practitioners at HeartLight Healing Arts do not participate with any insurance plans. Payment is expected at the time of service. We do not file forms directly with insurance companies. We will provide you with invoices which include all standard information you will need to submit your claim directly to your insurance company (such as CPT codes, ICD-9 diagnoses and codes, etc.) Please be aware that some of the services provided may be “non-covered” services or not considered “reasonable and necessary” under your medical insurance. We are sometimes asked to provide E/M (evaluation and management) or diagnosis codes prior to appointments. While we may be able to give some information regarding likely E/M visit codes, we are not able to provide diagnosis codes in advance of appointments.

Practitioners at HeartLight do not participate with Tricare. We are also not “non-participating providers.” If you have Tricare insurance, per Tricare’s instructions, you will need to sign a form indicating that you understand that we do not participate with Tricare and that you will not submit bills to Tricare for reimbursement. Additional information is available in the Admin section on HeartLight’s website, including the necessary form.

#### **Need for primary care physician:**

Physicians at HeartLight do not function as your primary care physician. If you or your child is being seen by a physician at HeartLight, you must have and maintain a primary care physician in order to be followed by the physicians at HeartLight. We function as specialty consultation physicians. We are glad to work in conjunction with your primary care provider in order to coordinate and facilitate your or your child’s care

Due to the complexity of the patients we see, physicians maintain their own individual practices. They do not treat each others’ patients, except when covering for physicians who are out of the office due to vacation, illness, etc.

#### **Cancellation policy:**

When a patient cancels shortly before an appointment or is a “no show,” we miss the opportunity to provide care to other patients during that time slot. Therefore, appointments (in-office or phone appointments) must be cancelled 24 hours in advance. Cancellation needs to be done within 1 *business* day. For example, if your appointment is on Monday, the appointment would need to be canceled by the preceding Friday. Appointments not cancelled within this time period (or patients who fail to show up for a scheduled appointment) will be billed for missed appointments at the following rates:

1. For physician appointments: \$50.
2. For therapists and other practitioners: 100% of the cost of the appointment.

To cancel an appointment, please call 443-917-4001 or 1-877-641-8472, extension 0.

**Appointments:**

In-office, phone, and laboratory follow-up appointments are billed prorated based on the practitioner's hourly rate. These rates are listed on HeartLight's website. For phone appointments, payment must be made by credit card at the time of the appointment. Please note that phone appointments are generally not reimbursed by insurance, though you may check with your insurance company regarding their coverage policy.

**E-mail:**

Not all practitioners at HeartLight communicate with patients by e-mail. If your practitioner chooses to do so, please be aware that e-mail is not to be used for urgent or emergent issues. E-mail communication is viewed as billable time, as is an office visit or telephone consultation. Brief e-mails may not be billed. However, frequent e-mails will be cumulative and will be billed on a monthly basis based on the time required to respond to your e-mails. Billing will be prorated based on the practitioner's hourly rate. Please note that e-mail correspondence is not covered by insurance.

I have read and understand HeartLight Healing Arts' policies and procedures and am in agreement with the above.

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Patient's name (Printed)

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Signature of patient (or parent/legal guardian)

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Parent/Legal Guardian Name (Printed)

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Date