



Patient Responsibilities

Horizon Vascular Specialists and Doctors Vascular Laboratory are the premier vascular team in Montgomery and Frederick Counties. In order to treat you at the highest professional level, we require the following from you, our patient:

1. Notify us of any changes in your address or insurance information at the time of change.
2. Be familiar with your insurance requirements regarding necessary referrals or prior authorizations.
3. Provide us with copies of any testing done at another office or hospital.
4. Patients are responsible for paying any fees incurred with transportation to/from our facilities.
5. All appointments are scheduled in advance. There will be a \$25.00 fee for missed and/or cancelled appointments and \$200.00 for missed procedures. To avoid these fees, please cancel 24 hours in advance for visits and 48 hours for procedures.
6. Co-payments and co-insurances must be paid at the time service is rendered. (Your insurance company requires this). There is a separate co-payment/co-insurance for an office visit and vascular laboratory testing.
7. Any account balance longer than 90 days, not on a payment plan, **will be forwarded to the Collection Agency**. You agree to reimburse us the fees of any collection's agency, which may be based on a percentage at a maximum of 40% of the account balance, and all the costs and expenses, including reasonable attorney's fees, we incur in such collection efforts. **Patient agrees to receive statements through US mail or via text.**
8. The fee for returned checks is \$35.00.
9. The fee for completing any disability, life insurance or health policy form is \$15.00. Payment is due when the form is given to us to complete. Please allow 14 days to complete the form.
10. As a matter of patient privacy, Horizon (HVS) deactivates and purges medical records for those patients that have not visited the practice within the last six years. Please note that inactive medical records will not be available after this period of time.

Please be aware that these policies affect all patients, and our staff is not able to waive these fees at any time. The fees are not billable to insurance companies.

I have read and understand the above policies.

Patient's Signature _____ Date _____

REV5- 08/18/23 MH