



## Diagnostic Testing (side 1)

### Important Financial Information about your Diagnostic Test

Your doctor has ordered a diagnostic test in our office. Based on your insurance, our office policy is to collect a percentage of your deductible and coinsurance prior to your test. This policy has been enacted due to the increased cost of insurance deductibles, coinsurance and the unsustainable amount of unpaid balances generated over the past 18 months. In order for Pikes Peak Cardiology to continue to provide an exceptional level of cardiac care to the Southern Colorado community, it is necessary to make these collections before rendering services. **Please read below to find out if you will be required to pay the listed down payment amount at the time of your test.** If you do not have insurance, payment is due in full at the time of service.

<u>Echocardiograms</u>	<u>Fees</u>	<u>CPT Code Main codes only</u>	<u>Possible down payment</u>
Resting Echo	\$525.00–\$685.00	(93306, 93307)	\$300.00
Stress Echo	\$805.00–\$1040.00	(93351)	\$400.00
2 Day Stress Echo	\$1075.00–\$1300.00	(93306, 93351)	\$500.00
Dobutamine Stress Echo	\$865.00–\$1100.00	(93351, J1250)	\$430.00
TEE	\$890.00	(93312)	\$445.00
 <u>Ultrasounds</u>			
Carotid Ultrasound	\$360.00	(93880)	\$180.00
Venous Bilateral	\$365.00	(93970, 93971)	\$180.00
Arterial Exam L.E.	\$230.00–\$710.00	(93925, 93923)	\$115.00
Arterial Exam U.E.	\$220.00–\$695.00	(93930, 93923)	\$110.00
Renal Ultrasound	\$500.00	(93975)	\$250.00
Aortic Ultrasound Bi (Abdominal)	\$365.00	(93978, 93979)	\$150.00
 <u>Other Tests</u>			
Treadmill Stress Test	\$200.00	(93015)	\$100.00
24 hr. Holter Monitor	\$235.00	(93224)	\$115.00
48 hr. Holter Monitor	\$450.00	(93224, 93226)	\$225.00
Tilt Table	\$340.00	(93660)	\$170.00
T-Wave Alternans	\$500.00	(93025)	\$250.00
AV Opt	\$388.00	(93308)	\$150.00

\*Missed Testing Appointment Fee: \$250.00 will be billed to you for failure to show for your test.

\*If you are unable to make your down payment at time of service, your test may be rescheduled.

**Our office will not collect the required down payment in the following cases:**

1. You provide our office with proof of a secondary insurance.
2. You are able to provide information from your insurance indicating your deductible has been satisfied and/or your responsibility will be less than the down payment required. **This must be provided to our office 24 hours prior to your test.** Please see instructions on reverse side of this form for further explanation.
3. Your insurance has been identified as a carrier that does not apply your test to a deductible or requires a copay /coinsurance amount less than the required down payment. These are listed on the reverse side of this form.

We have listed the main procedure codes that will be billed and strongly encourage you to contact your insurance company to verify your benefits. Please note these are only the main codes and not all of the codes that will be billed for your test. If you have any questions regarding our policy, **please contact our patient account representatives at (719) 228-4226.**

(Your signature only indicates notification of policy and receipt of this form)

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Please see reverse side)

## **Diagnostic Testing (side 2)**

### **Important Financial Information about your Diagnostic Test**

#### **Insurance Companies with a copay/coinsurance less than required down payment**

You will be required to pay the following amount at the time of your test.

Medicaid:	\$ 2.00 copay	Medical Network 1: Specialist Copay
Tricare Prime:	\$12.00 copay	Medical Network 2: \$300 Deductible + 10%
Tricare Active Duty:	\$ 0.00 no copay required	
Medicare:	20% co-insurance after \$135.00 annual deductible	

#### **Information our office requires prior to your appointment to waive the required down payment.**

1. What is your annual deductible and has it been met?
2. Will your test be applied to your deductible?
3. Will your test require a co-pay? How much?
4. Will your test require a co-insurance? How much?

#### **How can I obtain the requested information from my insurance company?**

1. Call your insurance and give them the appropriate CPT codes listed on the front page for your test. This will ensure you are quoted the correct benefits. Obtain the representative's name and reference # for your phone call. Have the representative fax you verification of these benefits for you to provide to our office. You can ask if they will fax it directly to us at (719) 444-3771. Many insurance companies will refuse to fax directly to us but they may fax or email you.
2. Have your insurance company contact our office for you. We will take a verbal "summary of benefits" over the phone from a representative from your insurance company.
3. You can visit your insurance company's website and print your "summary of benefits" showing what your deductible, coinsurance or copay is for diagnostic testing.
4. Find the information in your Benefits Packet provided to you from your insurance company or your employer. Look for the "Summary of Benefits"
5. Contact your Human Resource office for your "Summary of Benefits"
6. Provide us with your most recent "Explanation of Benefits" for the current year from another appointment which shows us your deductible has been satisfied.

#### **Questions your Insurance Company may ask you:**

1. Is it in an In-Network or Out-of-Network facility?  
If our office is on your PPO list, we are considered In-Network
2. Is the test performed in office or in an out-patient setting?  
Tests are performed in office.
3. What type of test are you scheduled for?  
Give them the name of the test and the CPT codes listed.

#### **How to provide the information to our office:**

1. Mail to Pikes Peak Cardiology – PO Box 9809 – Colorado Springs, CO 80932 – Attn: Patient Account Rep.
2. Fax to (719) 444-3771 - Attn: Patient Account Rep.
3. Contact our account representatives at (719) 228-4226

Please be advised that once your claim is processed by your insurance company, you will be billed for any remaining balance owed not covered by the down payment, copay or coinsurance. If however, the down payment collected was more than required from your insurance company, we will apply your credit towards any balance you have with our office and/or issue you a refund check.