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**PEE DEE
CARDIOLOGY
ASSOCIATES, P.A.**
Caring for the Hearts of the Pee Dee

Evans P. Holland, Jr., M.D.
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Prabal K. Guha, M.D.
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FINANCIAL AGREEMENT

It is the policy of **PEE DEE CARDIOLOGY ASSOCIATES, P.A.** that charges for services rendered by our physicians and staff be paid for within **ONE MONTH** of service unless other formal arrangements have been made with our Patient Accounts Office.

Your insurance claim will be filed by **PEE DEE CARDIOLOGY ASSOCIATES, P.A.** for your convenience; **HOWEVER**, it will be your responsibility to provide our office with the necessary information and signed authorization for filing insurance. This information and authorization must be provided to our office at your first visit accompanied with a copy of your health insurance card(s).

Patients having insurance will be expected to pay any amount that is patient responsibility or a non-covered service within thirty (30) days of insurance payment and/or denial unless payment arrangements have been made with our **FINANCIAL COUNSELOR** for any balance in excess of \$100.00. The minimum payment arranged is required each month to keep an account active. You are responsible for making the monthly payment by the 5th working day of each month whether or not a statement has been sent to you. Any patient account which becomes delinquent (no payment made within 30 days), will begin to be processed in the office collection department, and the complete balance will become due immediately.

I agree to the above financial agreement for any services provided to me by **PEE DEE CARDIOLOGY ASSOCIATES, P.A.**

DATE

PATIENT'S SIGNATURE

WITNESS



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