



**I**NTERVENTIONAL **C**ARDIOLOGY **M**EDICAL **G**ROUP, INC.

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## FINANCIAL POLICY

I understand that my insurance policy is a contract between myself and my insurance company, and that I am responsible for knowing what my policy does and does not pay. I understand that my insurance may not pay for procedures that I am having done, due to diagnosis, pre-existing condition, routine medical care, or lack of a contract between Interventional Cardiology Medical Group and my insurance plan.

- I understand that I will be responsible for any denials from my insurance company.
- I understand that I will be responsible for any payments due from retro-terminated insurance coverage.
- I understand that I am responsible for any co-payment.
- I understand that I am responsible for any deductible.

I have read and understand the financial policy of Interventional Cardiology Medical Group. I agree to be bound by its terms.

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Patient Signature

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Date