



Buffalo  
Vascular Care

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## Canadian/Self-pay Financial Policy

Patient: \_\_\_\_\_

### VASCULAR INTERVENTIONAL ASSOCIATES-FINANCIAL POLICY

Welcome to VIA. In order for our medical staff to be able to deliver the quality of care that you deserve and are accustomed to; we have established our financial policies explained below. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

### PLEASE READ ALL INFORMATION AND ACKNOWLEDGE YOUR UNDERSTANDING BY SIGNING BELOW.

1. We require that you present **photo identification** at each visit.
2. If you have a **change of address or telephone numbers**, please notify the receptionist.
3. **Payment** is expected at the time of service.

**INITIAL HERE** \_\_\_\_\_

- Please be aware that our billing department is happy to work with you to meet your needs. We are more than understanding when it comes to the cost of Healthcare; which prompted us to begin offering a payment plan for patients with a high payment. Please do not hesitate to contact billing to discuss a possible payment plan that works for you! They can be reached Monday - Friday 8:00am to 4:00pm at 716-852-1977.
- 4. It is our office policy that all past due accounts will be sent 3 statements. At this time, if payment has not been made, you will receive a letter warning you that if you do not contact the office within 30 days we will be forced to surrender your account to the Collections Agency. If after receiving this letter you still do not contact the office to set up a payment plan, your account will go to Collections.
- 5. **MISSED APPOINTMENTS:** Patients are required to notify our office at least **24 hours** in advance if you need to reschedule or cancel an appointment. We will charge a fee for any patient who misses an appointment without calling in advance. The NO-SHOW fees are as follows: \$50 will be charged for all office evaluations. \$100 will be charged for all procedures. If you have more than two appointments that were missed, you may be discharged from the practice for non-compliance.

### CONSENT/AUTHORIZATION FOR TREATMENT AND TO RELEASE INFORMATION/DISCLOSE PERSONAL HEALTH INFORMATION:

I hereby agree that Vascular Interventional Associates may perform care and treatment, and may conduct such examinations, lab tests, and procedures as may be by my physician or treating practitioner.

I hereby consent to the use and disclosure of my protected health information, by VIA, for purposes of treatment, payment, and health care operations. Any release of my medical records and Protected Health Information will be made according to state and federal regulations. I understand that VIA may release medical information to any third party which may be responsible for payment of my medical expenses.

I also understand that I am ultimately responsible for payment for any services rendered to me by VIA's Providers.

**I have read and have a full understanding of Vascular Interventional Associates Financial Policy.**

**PLEASE SIGN HERE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any questions regarding our financial policy, please contact our billing department at (716) 852-1977.

