ALSARA VEIN CLINIC

Patient Policies & Financial Agreement

1. Purpose and Scope

These policies apply to patients receiving evaluation, diagnostic testing, treatment, follow-up care, and related services from Alsara Vein Clinic. Educational materials provided by the Clinic are intended to support, not replace, individualized medical advice. Separate procedure-specific informed consent will be obtained when appropriate.

Questions regarding these policies may be directed to Alsara Vein Clinic at 816-396-0245.
Current policies are also available at AlsaraClinic.com/resources/policies

2. Patient Rights and Responsibilities

We are committed to respectful, safe, confidential, and patient-centered care. You or your legally authorized representative have the right to:

- Receive considerate and respectful care without unlawful discrimination and with reasonable respect for your privacy, personal values, beliefs, and preferences.
- Receive understandable information about your health status, evaluation, proposed treatment, medically significant risks, expected benefits, reasonable alternatives, and the likely consequences of declining recommended care.
- Participate in decisions about your care, ask questions, request clarification, and accept or refuse treatment to the extent permitted by law.
- Know who is responsible for your care; expect reasonable continuity of care; and receive information about continuing health care needs.
- Have communications and records concerning your care treated confidentially as required by law.
- Present concerns or complaints about care without retaliation or loss of appropriate access to care.
- Request information about charges and receive an explanation of your bill.
- Request access to your medical records as permitted by applicable federal and Missouri law.

Patients and their representatives are responsible for:

- Providing complete and accurate health, medication, allergy, demographic, contact, and insurance information and promptly reporting changes.
- Asking questions when instructions, recommendations, treatment choices, or financial information are not understood.
- Following mutually agreed care instructions and promptly informing the Clinic when unable or unwilling to do so.
- Treating staff, clinicians, other patients, and visitors with respectful and non-threatening conduct and following reasonable safety and office policies.
- Keeping scheduled appointments or providing timely notice when an appointment must be changed.
- Meeting financial responsibilities described in this agreement.

3. Financial Responsibility, Insurance and Billing

Alsara Vein Clinic will make reasonable efforts to verify insurance benefits, obtain required authorization, submit claims, and inform you of anticipated amounts due. Insurance verification, authorization, predetermination, or an estimate of benefits does not guarantee payment by your insurance company. Alsara Vein Clinic works in good faith with patients and their insurance plans and, whenever reasonably possible, proceeds with medically appropriate services based on the coverage and authorization information available to us. However, based on our experience with certain insurance plans, there may be unusual or unreasonable delays or denials of payment, in some cases even after prior authorization has been obtained. When we have reason to anticipate such an issue, we will discuss our concerns with you before treatment and explain your options. In select circumstances, if you choose to proceed with treatment, the Clinic may request an advance payment toward anticipated costs. Any advance payment will be applied to your account, and if your insurance company subsequently pays and a credit balance results, that amount will be refunded to you. You are responsible for payment of amounts due for services provided to you, including deductibles, copayments, coinsurance, non-covered services, and other amounts not paid by your insurance company. Amounts requested at the time of service are due at that time unless other arrangements are approved.

- Additional balances may arise after your insurance company processes, reduces, or denies a claim, determines that coverage was inactive, or pays less than anticipated.
- For Medicare patients, when an Advance Beneficiary Notice (ABN) is required for a service that Medicare may not cover, the Clinic will provide the ABN before the service is provided.
- If you believe a bill is incorrect or experience financial hardship, contact Patient Account Services promptly so the account can be reviewed and, when appropriate, payment arrangements can be considered.
- Unpaid balances may be referred for collection after reasonable billing efforts and notice. Collection costs may be added only as permitted by applicable agreements and law.

4. Assignment of Benefits and Authorized Representative

To facilitate payment for services, you authorize payment of applicable health insurance benefits directly to Alsara Vein Clinic when permitted by your plan and applicable law. You authorize the Clinic and its representatives to communicate with your health plan regarding eligibility, benefits, medical necessity, claims, payment, and appeals, and to disclose the minimum health information reasonably necessary for those purposes as permitted by law. You appoint Alsara Vein Clinic as your authorized representative for claim-related administrative appeals and grievances to the extent permitted by your health plan and applicable law.

5. Appointments, Cancellations, No-Shows and Late Arrivals

Reserved appointment times require dedicated staff and resources. Please notify the Clinic as soon as possible if you need to cancel or reschedule.

- An appointment missed, canceled, or rescheduled with less than 24 hours' notice may be treated as a missed appointment.
- Current missed-appointment fee: $50 for routine appointments and $100 for mapping appointments and procedures.
- Missed-appointment fees are not billed to insurance and are the patient's responsibility. The Clinic may require payment of an outstanding missed-appointment fee before rescheduling.
- Patients arriving late may be rescheduled when there is not enough remaining appointment time to provide safe, complete care. Repeated missed appointments may result in termination of the physician-patient relationship in accordance with the termination policy below.
- Appointment reminders are a courtesy. The patient remains responsible for knowing and keeping scheduled appointments.

6. Privacy and Video Surveillance

Alsara Vein Clinic uses limited video surveillance for safety, security, and protection of patients, visitors, staff, and property Cameras may monitor exterior areas, entrances, the front desk, and reception areas. Private spaces such as restrooms and patient treatment/examination rooms are not monitored. Access to surveillance images is restricted to authorized personnel. Signage may be posted to notify visitors of video monitoring.

7. Communication and Contact Information

The Clinic may contact you using the phone numbers, mailing addresses, email addresses, and other contact information you provide for purposes related to care, scheduling, billing, and health care operations, subject to applicable law and your privacy preferences. You are responsible for promptly updating your contact and insurance information.

8. Patient Account Credits and Refunds

An active patient may maintain a credit balance for up to 18 months. A patient may request a refund at any time; a refund check will be mailed within 30 days of the request. If a credit remains after 18 months, the Clinic may notify the patient and request instructions regarding the credit, subject to applicable law.

9. Physician-Patient Relationship and Termination of Care

Effective medical care depends on a professional relationship based on communication, safety, cooperation, and mutual respect. The Clinic may terminate the physician-patient relationship when the relationship can no longer proceed safely or effectively, subject to applicable law and professional obligations. Reasons may include:

- Threatening, abusive, harassing, discriminatory, destructive, or seriously disruptive conduct.
- Repeated failure to respond to clinically important communications or repeated missed appointments.
- Persistent failure to meet financial obligations or cooperate with reasonable billing processes after appropriate notice and opportunity to address the account.
- Repeated disregard of treatment or safety instructions when that prevents the Clinic from providing appropriate care.
- Requests to engage in fraud or other unlawful conduct, misuse of prescriptions, or a fundamental breakdown of the therapeutic relationship that prevents safe and effective care.
- When the Clinic terminates the relationship, it will provide notice and reasonable transition arrangements consistent with applicable law and the patient's clinical circumstances. Generally, the Clinic provides a 30-day transition period with urgent care during that period. Records will be transferred upon proper authorization as permitted by law. Immediate safety
- concerns or exceptional circumstances may require different steps.