Tri-County HEART INSTITUTE

Helping You Live A Longer And Healthier Life

Welcome Guide

Nitza I. Alvarez MD, FACC
Cardiovascular Diseases Specialist
Woman Heart Health Specialist
Author of Heels vs Ties

www.TC-Heart.com
OFFICE: 352.504.3500 | FAX: 352.504.3388

OFFICES IN THE VILLAGES AND LEESBURG

1400 US HWY 441 N. Ste. 537,
The Villages, FL 32159

26218 US HWY 27, Ste. 103,
Leesburg, FL 34748

Tri-County HEART INSTITUTE

TABLE OF CONTENTS

Welcome to Better Care 2
NEW PATIENT VISIT 2
NEW PATIENT packet 3
What to Bring to Every Appointment? 4
Understanding Your Medications 4
Practice Policy 5
Appointments Cancellation Policy 5
In-office Testing Policy 5
Co-Pay, Co-Insurance, and Account Balance Payments 5
Checkout Process 5
Communicating with our practice 5
Telephone 5
Harassment 5
Non-Compliance 5
Financial Policy 6
Insurance 6
Co-Payments and deductibles 6
Proof of insurance 6
Claims submission 6
Coverage changes 6
Nonpayment 7
Non-covered services 7
Advanced Beneficiary Notice of Non-coverage (ABN) Form 7
Missed appointments 7
Non-Sufficient Funds/Return Checks 7
Summary of the Florida Patient Bill of Rights and Responsibilities 9
Notice of Privacy Practices 11
Your Rights 11
our uses and disclosures 11
Your Choices 11
Your Choices 13
our uses and disclosures 13
Changes To The Terms of this notice 15
Our Services 16

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

WELCOME TO BETTER CARE

Dear Patient,

Thank you for choosing Tri-County Heart Institute where we *Help You Live a Longer and Healthier Life*. Our goal is to provide you with life-changing care every step of the way. To ensure we do that, please take a few minutes to familiarize yourself with the details on this welcome guide.

The following information is required to provide you the best care possible. Please take your time to fill out in full all the new "Patient Information Forms". In addition, this "Welcome Guide" provides our Policies and Procedures, Patient Rights and Responsibilities. It is in our best interest to comply with all Federal, State and Local Laws. If you have any questions please feel free to call the office at 352-504-3500. We want you to become your best health advocate. We look forward to serving you.

We appreciate your time and consideration in reading this welcome guide completely. In this guide, we discuss required items to complete before your first appointment.

1. Mail the completed new patient packet to TCHI
2. Call your doctors to ensure they send your medical records to our office
3. Download Healow app on your mobile device
4. Checklist on what to bring to every appointment
5. Create a medication list

NEW PATIENT VISIT

PARKING

Please allow enough time to park and arrive at the office **30 minutes** prior to your appointment. This will give you ample time to complete the registration process and will allow you to update your demographic, insurance and health information if necessary.

HEALOW APP

We encourage all new patients to download the "*Healow App"* on their mobile devices. During your visit, someone from the staff can assist you in setting up the application. This is the best way to communicate directly with Dr. Alvarez. In addition, you can request refills, labs, appointments, review your visit and health education. The application is capable to manage your medication, keep a log of your vitals, capture your health on the go and Telehealth visit* with Dr. Alvarez.

*Restrictions and fees may apply with your insurance

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

NEW PATIENT PACKET

Please mail us your completed patient packet **two weeks prior to your appointment**. We have enclosed a return envelope so that you are able to mail the "Patient Information Forms."

Once we receive your completed "Authorization to disclose Medical Records" we will fax the request to your previous medical providers. In addition to our fax request, please call your doctor and request that they fax your records to us. Please be sure to include your previous Cardiologist and phone number. If we do not have these records one week prior to your appointment then your appointment will be rescheduled with **no exceptions**.

All new patients need to complete the following forms:

1. Patient Information Form
2. Demographics
3. Doctor information
4. Reason for Visit
5. Pharmacy Preference
6. Drug and Food Allergies
7. Current Medications
8. Risk Factors
9. Medical Condition/Diagnosed
10. Social History
11. Family history
12. Past medical History
13. Cardiac Testing
14. Obstructive Sleep Apnea Screening
15. Peripheral Vascular Disease (PVD) Screening
16. Leg Circulation Questionnaire
17. Authorization to Release Private Health Information (PHI)*
18. Patient Communication Consent*
19. Medication Management*
20. Policies and Procedure Agreement*
21. Authorization to disclose Medical Records*

***If forms are not signed or fill out properly, we will not be able to provide you with care. In some cases, we will have to reschedule your appointment. Let us know if you need assistance.**

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

WHAT TO BRING TO EVERY APPOINTMENT?

It is your responsibility to notify our staff with any changes regarding your address, phone, primary care doctor, health insurance, and pharmacy just to name a few.

For every appointment we will need:

1. Form of Identification (Drivers License, Photo ID)
2. Current Insurance card(s)
3. To confirm Primary Care Doctor
4. Labs drawn from your PCP - if indicated
5. Blood Pressure Logs
6. Method of payment (Credit Card, Checkbook, or Cash)
7. Payments owed at the time of service
8. Current medication list including:
    a. Vitamins and Supplements
    b. Over the counter medications
    c. New Medications

UNDERSTANDING YOUR MEDICATIONS

You must know what medication(s) you are taking and how to take them.

1. Know the name and dosage of the medication(s).
2. Keep a list with you.
3. We can help you understand
    a. When you should take your medications and what to do if you miss a dose
    b. The side effects (for example, drowsiness or nausea)
    c. Any potential interaction
    d. We also offer assistance in reconciling your medication list to help you better understand your medications

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

PRACTICE POLICY

IT IS IMPORTANT THAT NEW PATIENTS ARRIVE 30 MINUTES PRIOR TO THEIR APPOINTMENT. ESTABLISHED PATIENTS SHOULD ARRIVE 20 MINUTES PRIOR TO THEIR APPOINTMENT TIME. PLEASE ALLOW TIME TO PARK.

APPOINTMENTS CANCELLATION POLICY

Failure to cancel any appointments within 24 hours (1 full business day, Mon – Fri) of your appointment will result in a $50.00 charge added to your account.

IN-OFFICE TESTING POLICY

Testing appointments run on time. If you are late, you may not be allowed to test. If you are unable to test because you are late, miss your appointment, or did not follow instructions, there will be a fee up to $200 added to your account.

CO-PAY, CO-INSURANCE, AND ACCOUNT BALANCE PAYMENTS

Please be prepared to pay your co-payments, deductibles, and any outstanding balances due at the time of your visit. Refer to the Financial Policy for your financial obligations as a patient

CHECKOUT PROCESS

The discharge scheduler will schedule any testing or follow up visits ordered by the physician. You will be provided a Clinical Summary of your visit at that time.

COMMUNICATING WITH OUR PRACTICE

Our preferred method of communication with patients is via the Healow app and Patient Portal. Both options are secured to communicate with us, request appointments, medical records, receive statements and pay account balances.

TELEPHONE

To minimize your wait time on the phone, please use the specific selections to expedite your call. We will do our best to get back to you within 24 hours. Our calls may be monitored and recorded for quality and training purposes.

HARASSMENT

Our office has a zero-tolerance policy towards verbal or physical harassment. That also includes bullying and or any other kind of violence.

NON-COMPLIANCE

Your health and well being are very important to us. We take the time to compile a care plan designed specifically for you. Failure to adhere to this plan of care may result in being discharged from the practice.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

FINANCIAL POLICY

We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

INSURANCE

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. *Knowing your insurance benefits is your responsibility.* Please contact your insurance company with any questions you may have regarding your coverage.

CO-PAYMENTS AND DEDUCTIBLES

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients is considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

PROOF OF INSURANCE

All patients must complete our patient information form before seeing the practitioner. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

CLAIMS SUBMISSION

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

COVERAGE CHANGES

If your insurance changes, notify us before your next visit so we can make the changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

NONPAYMENT

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our practitioners will only be able to treat you on an emergency basis.

NON-COVERED SERVICES

Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or medically necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit. Other services may include but not limited to:

Specialized Lab Fee: $7 to $500
Travel Insurance: $30.00
Disability Paperwork: $60.00
Golf Cart Access and Handicap Permit: $20.00

ADVANCED BENEFICIARY NOTICE OF NON-COVERAGE (ABN) FORM

If you have a medical insurance, including Medicare, your doctors or other health care providers or suppliers are mandated to provide you with an Advanced Beneficiary Notice of Non Coverage (ABN) if there is a possibility that the insurance may not pay for the items or services you receive. Please note that we do not order testing unless we feel the item or service is medically necessary.

MISSED APPOINTMENTS

Our policy is to charge a fifty-dollar fee ($50) for missed appointments not canceled within 24 hours prior to your scheduled office visit. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

If you are unable to test because you are late, miss your appointment, or did not follow instructions there will be a fee up to $200 added to your account.

NON-SUFFICIENT FUNDS/RETURN CHECKS

Tri-County Heart Institute will pass along to the patient a $40.00 NSF bank charge for all returned checks. This fee will be added to your account and is the patient's responsibility. The financial institution may charge additional fees to you directly.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County
HEART INSTITUTE

On each visit to our office, your statement or account balance will be reviewed with you by a financial counselor or registrar prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, deductibles, and outstanding balances at this time. In addition, your registration process will include updating your demographic, insurance, and health information. This process will improve the quality of patient information we use to care for you.

Being true to our Mission Statement we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between our financial counselor and the patient. A patient, who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

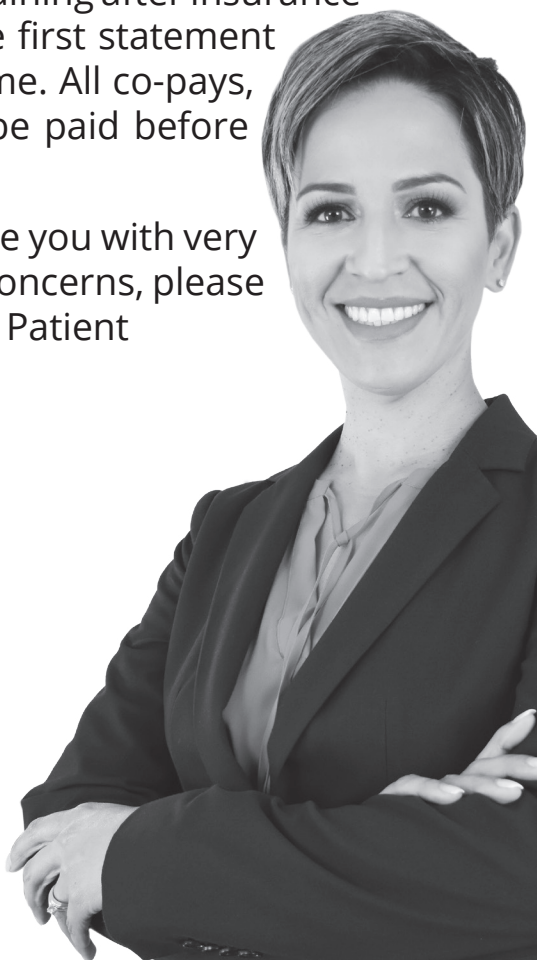
Our policy states that any account balance remaining after insurance payments must be paid in full within 30 days of the first statement unless specific arrangements are made ahead of time. All co-pays, deductibles, and previous account balances must be paid before additional services will be rendered.

We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please call our office (352) 504-3500 or reach us via the Patient Portal.

Thanks for choosing Tri-County Heart Institute for your Cardiology Care. We look forward to serving you and helping you keep your lifestyle.

Sincerely,

Dr. Nitza I Alvarez



1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

SUMMARY OF THE FLORIDA PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternative, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share

information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Do research
- Run our organization
- Work with a medical examiner or funeral director
- Bill for your services
- Respond to organ and tissue donation requests
- Help with public health and safety issues
- Comply with the law

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

NOTICE OF PRIVACY PRACTICES (CONT'D)

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ensure the person has this authority before we take any action.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

NOTICE OF PRIVACY PRACTICES (CONT'D)

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety .In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes
- Sale of your information

In the case of fundraising we may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

We typically use / share health information in the following ways:

- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can use and share your health information to bill and get payment from health plans or other entities.

Electronic Exchange

Your information may be shared w/ other providers, labs and radiology groups through our EHR system as listed:

1) Lab Corp 2) Quest 3) CPL Labs 4) Florida Shots

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

NOTICE OF PRIVACY PRACTICES (CONT'D)

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Preventing or reducing a serious threat to anyone's health or safety
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Reporting adverse reactions to medications

Do research, Comply with the law, Respond to organ and tissue donation requests. Work with a medical examiner or funeral director.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions as military, national security, and presidential protective services
- Respond to lawsuits and legal actions

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

NOTICE OF PRIVACY PRACTICES (CONT'D)

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

You Have A Right To File A Complaint If You Feel Your Privacy Has Been Violated

If you feel your Privacy Rights have been violated, please ask our staff for a Privacy Complaint Form. Our Security Officer will review the form and promptly notify you of the actions our office will take or you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:
200 Independence Avenue, S.W.,
Washington, D.C. 20201,

or calling 1-877-696-6775,
or visiting http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html

We will not retaliate against you for filing a complaint.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time.

Tri-County Heart Institute
352-504-3500
This Notice of Privacy Practices is effective December 1, 2016

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159| 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County HEART INSTITUTE

OUR SERVICES

IN-OFFICE SERVICES

- Consultation
- Pre-operative evaluation
- Coumadin monitoring
- Holter monitor (24 hour)
- Cardiac event recorder
- Pacemaker/AICD evaluation and reprogramming
- Loop Recorder Monitoring
- Kardia Monitoring
- Ambulatory BP Monitoring
- Advanced Lipid Management Clinic
- Genetic Cardiovascular Disease Evaluation
- Patient Micronutrient Testing
- Ultrasound
- Vascular Studies
- Vein Procedures
- Endovenus Thermal Ablation
- Endovenus Chemical Ablation
- Sclerotherapy
- Venaseal ™
- Electrocardiogram (EKG)
- Stress test
- Exercise stress tests
- Stress echocardiogram
- Nuclear stress test
- Cardiovascular Preventive Care
- Cardiac Wellness Program
- Enhanced External Counter Pulsation (EECP)

HOSPITAL SERVICES

- Cardiac Imaging
- Transesophageal echocardiography
- CT angiography
- Cardiac Catheterization Studies
- Right heart catheterization
- Left heart catheterization
- Heart catheterization for congenital anomalies
- Coronary artery imaging
- Peripheral vascular procedures
- Renal artery imaging
- Cardiac arrhythmia procedures
- Implantable cardiac monitor (Loop Recorder)

AMBULATORY SURGERY CENTER

- Pacemaker Implants
- Implantable cardiac monitor (Loop Recorder)
- Heart catheterization for congenital anomalies
- Coronary artery imaging
- Peripheral vascular procedures
- Renal artery imaging
- Right heart catheterization
- Left heart catheterization
- Cardiac Catheterization Studies

1400 US HWY 441 N. STE. 537, THE VILLAGES, FL 32159 | 26218 US HWY 27, STE. 103, LEESBURG, FL 34748
WWW.TC-HEART.COM | OFFICE: 352.504.3500 | FAX: 352.504.3388

Tri-County
HEART INSTITUTE

Helping You Live A Longer And Healthier Life

OFFICE HOURS

Closed for Lunch 12pm-1pm
Closed Saturday and Sunday

LEESBURG OFFICE

26218 US HWY 27, ST. 103,
LEESBURG, FL 34748

MONDAY	9AM - 5PM
TUESDAY	9AM - 5PM
WEDNESDAY	9AM - 5PM
THURSDAY	9AM - 5PM
FRIDAY	9AM - 1PM

VILLAGES OFFICE

1400 US HWY 441 N. ST. 537,
THE VILLAGES, FL 32159

MONDAY	9AM - 5PM
TUESDAY	9AM - 5PM
WEDNESDAY	9AM - 5PM
THURSDAY	9AM - 5PM
FRIDAY	9AM - 1PM

www.TC-Heart.com
OFFICE: 352.504.3500 | FAX: 352.504.3388