

Welcome to Advanced Heart & Vascular Institute!

We are delighted that you have chosen us for your cardiovascular healthcare needs. Our team is dedicated to providing you with the highest quality of care in a compassionate and supportive environment.

Contact Information:

• Office Phone: 561-235-5621

• **Fax:** 561-235-5495

Address: 951 NW 13th Street, Suite 5B, Boca Raton, FL 33486

• Office Hours: Monday - Friday, 9:00 AM - 5:00 PM

Our Dedicated Healthcare Team:

- Eli Levine, MD Interventional & Clinical Cardiology, Endovascular Surgery
- Michael Schechter, MD Interventional & Clinical Cardiology, Structural Heart Disease
- Eric Kupferstein, DO Interventional & Clinical Cardiology, Endovascular Surgery
- Jillian Ferland, NP Cardiology

At Advanced Heart & Vascular Institute, we prioritize your health and well-being. Our comprehensive services include preventive care, advanced diagnostic testing, and innovative treatment options tailored to your specific needs.

Get Started:

• Schedule Your Appointment: Call us at 561-235-5621 to book your first appointment.

Stay Connected:

If you have any questions or need assistance, please feel free to reach out. We are here to support you every step of the way.

Thank you for trusting **Advanced Heart & Vascular Institute** with your healthcare. We look forward to partnering with you on your journey to optimal heart health.

Warm regards,

Advanced Heart & Vascular Institute

https://www.advancedhvi.com/



INSURANCE INFORMATION & FREQUENTLY ASKED QUESTIONS

Navigating insurance can be challenging, but we're here to help. Below is a list of insurances we accept, those we don't, and a helpful FAQ section to answer common questions. If your insurance isn't listed or you have any concerns, please reach out to us for assistance.

1. In-Network:

- Aetna Open Access Select EPO
- Aetna Choice POS II
- Aetna Medicare Explorer Premier PPO
- Aetna Open Access Managed Care POS
- Aetna Medicare Discover Value PPO
- Aetna Medicare Extended Service Area PPO
- Aetna Open Access Network Only HMO
- Aetna Select Open Access EPO
- Ambetter Everyday Gold
- Ambetter Elite Gold Standard
- AvMed City of Sunrise HMO
- AvMed Select Advantage HMO (Only Dr. Levine is in-network)
- Blue Cross Blue Shield (BCBS) BlueOptions PPO
- Blue Cross Blue Shield (BCBS) BlueCare Elect PPO
- Blue Cross Blue Shield (BCBS) Blue Choice Advantage PPO
- Blue Cross Blue Shield (BCBS) Federal Plan PPO
- Blue Cross Blue Shield (BCBS) Anthem Blue Access PPO
- Blue Cross Blue Shield (BCBS) Blue Select PPO
- Blue Cross Blue Shield (BCBS) Blue Select Bronze PPO
- Blue Cross Blue Shield (BCBS) BlueCard PPO
- Blue Cross Blue Shield (BCBS) NetworkBlue PPO
- Blue Cross Blue Shield (BCBS) Out of State PPO
- Blue Cross Blue Shield (BCBS) SimplyBlue PPO
- Blue Cross Blue Shield (BCBS) Texas PPO
- Cigna Open Access Plus
- Cigna Health Savings Account Qualified High-Deductible Health Plan (HSA Qualified HDHP)



- Humana Medicare Gold Plus HMO (Referral may be required)
- Humana Medicare Portico Benefit Services PPO
- **Humana** Medicare Honor HMO (Referral may be required)
- UnitedHealthcare (UHC) Choice Plus POS (Referral may be required)
- UnitedHealthcare (UHC) Choice EPO
- UnitedHealthcare (UHC) Neighborhood Health Plan (NHP) HMO Access
- UnitedHealthcare (UHC) Preferred Medicare Advantage HMO (Referral may be required)
- UnitedHealthcare (UHC) UMR via UHC Choice Plus
- UnitedHealthcare (UHC) Bronze Focus HMO
- Wellcare Medicare Advantage HMO (Referral may be required)
- Meritain Health via Aetna Choice POS II
- CarePlus Carefree HMO (Referral may be required)

2. Out of Network with Benefits:

- Blue Cross Blue Shield (BCBS) Blue Medicare Value PPO
- Blue Cross Blue Shield (BCBS) BlueOptions PPO (Covered after deductible)
- Cigna Choice Fund Open Access Plus (Referral may be required)
- Freedom Life Insurance America/US Health Group (Limited coverage)
- Humana Medicare Choice PPO
- Humana Medicare Choice PPO QMB (Cost-share protected by state Medicaid)
- UnitedHealthcare (UHC) Dual Complete Local PPO (Cost-share protected by state Medicaid)
- UnitedHealthcare (UHC) Dual Complete PPO QMB (Cost-share protected by state Medicaid)
- UnitedHealthcare (UHC) AARP Medicare Advantage PPO (Out-of-Network)

3. Out of Network with No Benefits (Self-Pay):

- Aetna Bronze HMO
- Aetna Silver Series HMO S/1/2
- Aetna Medicare Assure Plan/Premier/Plus (HMO-POS-D-SNP)
- Aetna Medicare Select HMO
- Aetna Medicare Assure Plus (HMO D-SNP)



- Aetna Silver 5 HMO
- Aetna Open Access MC POS
- Aetna Open Access Select HMO
- Ambetter Value
- Amwell
- AmeriHealth Medicaid
- AvMed Entrust Silver Standard HMO
- Blue Cross Blue Shield (BCBS) Anthem Medicare Preferred
- Blue Cross Blue Shield (BCBS) BlueMCR Value HMO
- Blue Cross Blue Shield (BCBS) Medicare Bluecare HMO/HMO Plus/PPO
- Blue Cross Blue Shield (BCBS) BlueCare HMO
- Blue Cross Blue Shield (BCBS) BlueOptions Bronze PPO
- Blue Cross Blue Shield (BCBS) BlueOptions PPO
- Blue Cross Blue Shield (BCBS) Federal Plan PPO
- Blue Cross Blue Shield (BCBS) BlueMCR Premier HMO
- Blue Cross Blue Shield (BCBS) MyBlue Silver HMO
- Blue Cross Blue Shield (BCBS) Sunshine Medicaid (SMI)
- Bright Health Truli
- Cigna EPO Connect
- Cigna Local Plus In
- Cigna Open Access Plus
- CorVel
- Devoted Health Choice South Florida PPO/Local Plus
- Employee Benefits Management Services via Partners Direct Health
- GEHA (Government Employees Health Association)
- HealthSun HMO
- Humana Medicaid
- Humana Medicare Choice PPO
- Molina



- Optum Freedom Medicaid
- Oscar
- PHCS Redirect Health
- Prominence Health Plan
- Quality Health Management
- Simply Healthcare Clear Health Medicaid
- Travelers Insurance
- Tricare/Tricare East
- UnitedHealthcare (UHC) AARP Medicare Advantage HMO/HMO-POS
- UnitedHealthcare (UHC) Dual Liberty HMO D-SNP
- UnitedHealthcare (UHC) Preferred Care Partners Preferred Choice/Medicare Assist Palm Beach HMO

Frequently Asked Questions (FAQ)

Q1: How long does insurance verification take?

A: It typically takes around 24 hours.

Q2: What information do I need to provide?

A: We need your full name, date of birth, insurance company name, policy/member ID number, and the insured's name (if different).

Q3: What happens after my insurance is verified?

A: We'll inform you of your coverage and any out-of-pocket costs. If out of network, we'll discuss payment options.

Q4: What if my insurance isn't listed or I'm unsure about my coverage?

A: Contact us, and we'll verify your insurance or help you explore your options.

Q5: Can I still receive care if my insurance is out of network?

A: Yes, but there may be higher costs. Contact us to discuss your options.

Q6: What if I have more than one insurance plan?

A: Provide details for all plans, and we'll coordinate benefits for you.