



## Financial Policies

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Nowadays, most of our medical bills involve health insurance, which can be very complicated. We realize this, and our goal is to make things as simple as possible for you. We also ask for your assistance to simplify our processes as well. Here are our policies:

**1. 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 will be 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.

**2. Please bring your insurance card to the office for every visit.** Always be sure to tell us right away when you get new insurance coverage. You must bring your insurance card on your first visit, as well as at any time your insurance coverage changes. It is your responsibility to determine that we are contracted providers before being seen. We are not responsible for changes in your 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.

**3. 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. If you have a deductible that must be met each year before the insurance starts to cover the visits, please know what the deductible is, and pay for your visit at the time of service. If we do not have confirmation that you are covered by an insurance plan, you will be expected to pay the charges in full at the time of the visit. When we receive an insurance payment, we will promptly refund your payment.

**4. We do not bill third-party insurance.** If you have been injured in an auto accident, you must tell the front office staff when you check in. You will be responsible for payment in full at the time of service.

**5. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**6. 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.

**7. When your insurance delays payment.** If you have regular indemnity insurance (that is, not an HMO or PPO), we will bill your insurance carrier as a courtesy to you. We ask that your estimated share be paid at the time of the visit. If your insurance carrier does not make payment within 90 days, the balance will be due in full from you. If there is a problem or a dispute over payment with the insurance carrier, this is a matter for you to pursue with them. If any payment is subsequently made by your insurance carrier in excess of the balance we estimated, we will promptly refund the credit amount to you.

**8. When your insurance denies a claim.** If your insurance denies a claim, you will be billed for all services not covered in accordance with our insurance contracts. This may include but are not limited to denials due to eligibility, out of network services, not covered services, and maximum benefits have been reached.

**9. Payment options.** For your convenience, we accept Visa, MasterCard, Discover, American Express, Cash or Check. If this option is not open to you, we can sometimes make arrangements for you to pay your fees over time. If you need this extra consideration, we ask that you set this up in advance with our Business Office.

**10. 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 you 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 physician will only be able to treat you on an emergency basis.

**11. Missed appointments and cancellation.** We want to be available to meet your health needs. If you must cancel or reschedule your appointment, please call or email us 24 hours in advance. There is a missed appointment fee, currently \$25, if we do not receive advance notice or if you fail to arrive for your appointment. This charge will be your responsibility and will be billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

**12. Medical Records.** There will be a charge for copying materials from your chart when done other than at the time of a visit including the transfer of records to another facility.

**13. Returned Checks.** There is a banking fee, currently \$25, for all returned checks. If your check is returned from the bank, we will not accept a check as payment on your account in the future. Future payments must be made with cash, money order or credit card.

## Payment Policies

**1. Copayments and deductible.** All copayments and deductibles must be paid at time of service. This arrangement is part of your contract with your insurance company. Please help us in upholding the law by paying your copayment at each visit.

**2. 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. 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 physicians will be available only to treat you on emergency basis.

**3. Missed Appointments.** Our policy is to charge \$25 for missed appointments that are not cancelled with 24 hour notice. This charge will be your responsibility and will be billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointments.

**4. Collection Agency.** Please be aware that if a balance remains unpaid we may refer your account to a **collection agency** and you and your immediate family members may be discharged from this practice.

*I have read and understand the above information. I also understand that no guarantees have been made to me about my insurance coverage; and I do not hold North Dallas Primary Care Doctors PLLC., or any of its physicians or staff responsible for my insurance coverage, pre-authorization or other insurance decisions.*

Name (Please print): \_\_\_\_\_

Patient/Guarantor signature \_\_\_\_\_

Date \_\_\_\_\_