



Neighborhood Medical Center
5917 Beltline Road
Dallas, TX 75254
972-726-6464 – Phone
972-726-6444 – Fax
www.neighborhoodmedicalcenter.com

Patient Financial Policy

Thank you for choosing Neighborhood Medical Center as your health care provider. Please take a moment to familiarize yourself with our patient financial policy. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please ask our staff if you have any questions about our fees, our policies, or your responsibilities. Carefully review the following information. Neighborhood Medical Center is not responsible for lost or stolen written prescriptions.

It is your responsibility to notify our office of any patient information changes (i.e. physical address, name, insurance information, phone number, email address, etc.)

INSURANCE

It is the patient's responsibility to provide the clinic with current insurance information. We will ask you for your current insurance card at your first visit to obtain a copy for our records. We may occasionally request a copy at a later date to update your records, so please have your insurance card every time you come into the office. If current information is not obtained at the time of service, it will be the patient's responsibility to self-pay prior up front until current information is provided to the clinic.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges.

We will supply information as necessary; however, you are ultimately responsible for the timely payment of your account.

CO-PAYS AND/OR DEDUCTIBLES

Co-payments are due at the time you check in at the front desk **PRIOR** to being seeing by our medical providers. Deductibles are collected at check out at the **END** of your visit.

UNPAID BALANCES

We ask that full payment to be made at time of service. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You will also be expected to pay any outstanding balances prior to additional services. Any overdue balances may be considered for further collection activity.

We accept cash, checks, VISA, MasterCard an American Express.

RETURNED CHECKS



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The charge for a returned check is \$35 payable only by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a “Cash Only” payment program following any returned check.

MINORS

The parent(s) or legal guardian(s) are responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

MEDICAL RECORDS COPIES/FMLA/DISABILITY PAPERWORK

If you would like a copy of your medical records, you will incur a \$25 administrative fee. There is also a separate administrative fee of \$20 for completion of FMLA and Disability paperwork.

Thank you for understanding our Financial Policy. We appreciate the opportunity to provide our medical services for your medical needs. Your assistance and cooperation are most appreciated. Please contact us if you have any further questions or concerns.