

Alexandra Pellicena, MD., PA.

Financial Policy

Thank you for choosing Dr. Alexandra Pellicena as your Ob/Gyn doctor. We ask that all patients read and sign our financial policy. If you have questions concerning these policies please feel free to contact our office at 713-370-7325.

We participate in most **insurance plans** but occasionally there are plans we are not affiliated with. It is your responsibility to verify that Dr. Pellicena is in-network with your particular plan. Since there are so many different plans we are unable to guarantee our in-network status with all plans so it is best to contact your insurance company to verify our in-network status. Plans that we do not participate in do have higher out of pocket expenses for the patient.

New patients must provide one form of identification along with the insurance card. **Returning patients** must bring their insurance card to each visit. We will ask you to verify your insurance information and contact information at each visit.

We require a 24 hour notice for all **appointment cancellations** so that patients needing appointments can be added to the schedule upon your cancellation.

We collect all **co-pays, deductibles, coinsurances** and services that are not covered by your insurance at the time of service. We accept Visa, MasterCard, American Express, Discover Card, checks and cash. All returned checks and stop payment fee is \$25.00.

If you are scheduling **surgery**, we will call your insurance and provide information to them about the surgery. They will advise us of any financial responsibility you may have for the surgery. We require a deposit before surgery, which is an estimated amount of your responsibility based on the information your insurance provided to us and our fee schedule for that insurance company. Benefits quoted by your insurance company are not a guarantee of their payment. You may have an additional amount due once your insurance processes your claim.

If you are pregnant, an **OB deposit** will be required before your 28th week. Our office staff will review with you the benefits with you that are provided by your insurance company.

If you need a **copy of your medical records** or request that we send them to someone else, we require your authorization and charge a fee for copying the records. We use the guidelines set forth by the Texas State Board of Medical Examiners for our fees for copying medical records.

We charge \$25.00 for completing all **health forms**, this includes but is not limited to FMLA, School health forms, Disability forms, Work health forms, and pre-certification forms for medications. We do not charge for the simple return to work form that is provided for office visits.

We send **patient statements** for all balances due after your insurance processes your claim. All payments are due within 30 days of the date on the statement. After 90 days we refer our accounts to an outside collection agency. If you cannot pay within 30 days please contact our office to keep your account in good standing.

I certify the insurance information I have provided is accurate and I agree to pay all balances due at the time of service plus any additional balance my insurance deems my responsibility once my claims have been processed. I also certify I have read and understand the financial policies for Alexandra Pellicena, MD, PA

PATIENT
SIGNATURE _____ DATE _____

PRINT NAME _____