

LILETTE DAUMAS, MD, PA
12755 Woodforest Blvd.
Houston TX 77015
P: (713) 455-1306 F: (713) 455-9560

FINANCIAL POLICIES



Commercial Insurance Plans

As a courtesy to you, we will call your insurance to verify coverage and get a summary of benefits. Remember, verification of coverage and benefits given over the phone by an insurance representative to you or to one of our office staff is NEVER a guarantee of payment.

Our office staff will be happy to discuss our fees with you prior to seeing the doctor. We want our patients to understand our fees and feel confident that they are getting the best medical care available. Payment in full for patient due items (deductibles, co-pays, etc.) will be requested for each visit before you leave. We will not invoice these amounts.

Should you have an outstanding balance and are unable to pay it in full at the time of your visit; we request that you speak to our office staff before your visit.

Assignment of Benefits • Financial Agreement

I hereby give lifetime authorization for payment of insurance benefits to be made directly to Lillette Daumas MD PA, and any assisting physicians for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. In the event of default I agree to pay all costs of collections, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Patient Name (please print)

Signature: _____ DATE: _____
(Patient's signature)

Medicare

If you are a Medicare participant you are required to furnish us with your Medicare card upon arrival for your first visit. If this is unavailable you will be required to pay for your visit in full at checkout. As a Participating Provider we accept assignment on your Medicare claims and allow 45 days to remit payment in full to this office. Any charges that are not covered by Medicare will be your responsibility and we expect payment in full within 10 days from billing. If you have secondary insurance, this must be registered with Medicare as a secondary insurance so that Medicare can electronically forward any claims to your secondary carrier. If your secondary insurance does not pay within 30 days the balance is your full responsibility and due at this time.

We also collect the yearly Medicare deductible at the time of your first visit. Should you have an outstanding balance and are unable to pay it in full at the time of your visit; we request that you speak to our office staff before your visit.

Patient Name (please print)

Signature: _____ DATE: _____
(Patient's signature)