

PAYMENT POLICY

INSURANCE COVERED ACCOUNT:

Charges for services that are covered by your insurance carrier contracted with us will be filed and due in full within 45 days from the date the claim was filed per the Texas Clean Claim Law. If this fails to occur, you will be notified to assist in recovering payment from your insurance carrier.

INSURANCE FAILURE TO PAY:

Failure of the insurance carrier to pay us for charges on behalf of the insured within 90 days of billing a clean claim will result in the insured assuming responsibility for the entire bill as a non-insured account. Billed charges discounted by contracted insurances are written off by us. Any billed charges deemed non-covered are the responsibility of the insured.

PAYMENTS ARE DUE AT THE TIME OF SERVICE:

All non-insured patients are expected to pay for services at the time of the visit unless prior arrangements have been made.

All insured patients are asked to pay any co-payment, deductible, or percentage not covered at the time of service. Most insurances require patients to pay a deductible and or portions of the covered charges. Payment at the time of service allows us to concentrate on patient care instead of sending bills and calling patients on their accounts. Not all patients are responsible as you and force us to send repeated bills and phone calls to try and collect monies due to this office. Therefore, this standard policy is necessary to keep cost down. Any remaining balance after your insurance has paid, due to underpayment at the time of visit, will become a patient bill as allowed by your insurance. Any refunds due to insurance overpayment, will likewise be refunded promptly as required by your insurance company.

PAYMENTS DIRECT RESPONSIBILITY:

You are responsible to us for payment of your account regardless of the status of your insurance claim. In the rare instance that an account is left unpaid according to the above policy and after proper notification, will be turned over to our collection agency.

AGREEMENT:

I have reviewed this document entirely, and agree to its terms and conditions of treatment.

Signature _____ Date _____