

FINANCIAL POLICY

Healthcare Associates of Texas and its affiliates recognizes the need for a clear understanding between our patients and their healthcare providers regarding protected health information and the financial policies related to the provision of healthcare services. The following information is provided to avoid any misunderstanding concerning protected health information and payment for professional services.

- 1. PAYMENT: Payment is due at the time of your visit.** If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. **Even though insurance will be filed, you are responsible for any balance after insurance processes your claim.** All charges for treatment become due and payable sixty (60) days after the date of service. These periods allow sufficient time to process insurance and make payment in full of any remaining balance. There will be a \$25 charge for returned checks. If not paid within 60 days, Healthcare Associates of Texas will begin various collection activities including, but not limited by submitting the past due account to a collection agency.
- 2. SELF-PAYMENT (PRIVATE, CASH PAYMENT):** If you have no insurance coverage, we ask that you coordinate your care with our business office prior to your visit. We require an advance payment for professional services.
- 3. Managed Care: All managed care (HMO, PPO, etc.) co-payment amounts are due at the time of service.** If your insurance plan requires a referral authorization from a primary care physician, please present this at your initial visit. If you request an office visit or surgery without a referral authorization, your insurance plan may deem this as **“out of network” or “non-covered” treatment**, and you will be responsible for a larger amount or all of the charges. The patient acknowledges that it is the patient’s responsibility to be aware of what services are covered, and agrees to pay for any service deemed to be non-covered or not authorized by the plan.
- 4. MEDICARE:** Healthcare Associates of Texas providers are participating providers with the Medicare program and accept as payment, the Medicare allowable, patient deductible and/or 20% co-insurance. If you have supplemental insurance (Medigap) to cover the portion of the charges that Medicare does not pay, please provide us with a copy of your insurance card and any forms your insurance company may require. Medicare or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. In this rare case, you may be asked to sign a waiver form, which states that you understand that you will be responsible for these charges.
- 5. AUTOMOBILE ACCIDENT PATIENTS:** We do not treat automobile accident patients. However, we are unable to monitor long-term accounts and require payment as a self-paying patient. We will not accept a letter of protection from an attorney as a guarantee of payment or third party insurance payments.
- 6. SECONDARY INSURANCE:** The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider, if applicable. Patient agrees to provide such information. Patient agrees to notify provider of any future additions, changes or deletions of primary or secondary insurance coverage.
- 7. PROMPT PAYMENT DISCOUNTS:** Healthcare Associates of Texas offers a prompt payment discount to patients who do not have insurance and who pay in full at or before the time of service. Prompt payment discounts cannot be applied to co-pays or deductibles. Patients paying at the time of visit should be aware that additional charges related to the visit may be billed at a later time.

We offer the opportunity to establish a reasonable payment plan if you are not able to pay in full at the time of service. If you have an outstanding balance, we expect you to make payment arrangements before your next scheduled appointment. Non-payment may result in discharge from the practice.

- 8. ACCOUNTING PRINCIPLES:** Patient payments and credits for existing balances are applied to the guarantor’s oldest charges first.

9. FORMS FEE: Completing forms such as long-term care, life insurance, and Family Medical Leave Act (FMLA) ("Administrative Forms") requires considerable office staff time and time away from patient care for our doctors. Provider charges a processing fee of \$25 per form and a completion fee of \$5 per page (maximum \$50 per form) for Administrative Forms. Payment is due at the time of the request. Provider will not charge an additional fee for forms associated with a special exam such as school, camp, sports participation and disability determination.

10. MEDICAL RECORDS COPYING: Provider will not charge for transferring medical records directly to another physician's office. Provider charges \$25 for the first twenty (20) pages and \$0.50 per page more than twenty for requests to copy and provide medical records for yourself in paper form. Provider will have 15 business days in which to copy records before making them available for the patient to pick up. These 15 business days will commence after payment for copying has been received and after the patient has signed an Authorization of Records Release form. For an electronic copy of your medial record, Provider will charge \$25.00 for the first 500 pages.

11. BILLING OFFICE: If you have questions regarding your billing statements, our accounts receivable staff is available to assist you. **Call 972-594-1524 with any billing concerns.**

12. CANCELLATION OR MISSED APPOINTMENTS: Repeat no shows or cancellations within 24 hours could result in discharge from the clinic.

13. RESPONSIBILITY FOR PAYMENT: I understand that I am financially responsible to Provider for charges not covered by the assignment of insurance benefits. **Failure to keep your account balance current may require us to cancel or reschedule your appointment.**

14. ASSIGNMENT OF INSURANCE BENEFITS: I authorize **Provider** to submit claims on my behalf directly to Medicare/Medicaid/my private health insurance carrier. **Provider** will collect payment for supplies and services provided. I understand that I am financially responsible to the Provider(s) for the charges not paid or payable.

15. RELEASE OF INFORMATION: I authorize and direct **Provider** to release to government agencies, insurance carriers, or others who are financially liable for such professional and medical care, all information needed to substantiate claims and payment.

16. COLLECTION FEES: I understand if my account reaches collection status, any additional fees incurred due to this, will be added to my outstanding balance, including but not limited to late fees, collections agency fees, court costs, interest, and fines. I understand that these additional fees will be my responsibility to pay in full.

17. CHILDREN OF SEPARATED OR DIVORCED PARENTS: Responsibility for payment for treatment of minor children, whose parents are divorces, rests with the parent who seeks the treatment. Any court ordered responsibility judgement must be determined between the individuals involved, without the inclusion of Healthcare Associates of Texas.

18. CONSENT TO TREATMENT: I consent to treatment as deemed necessary by Healthcare Associates of Texas providers and employees.

I have read and understand the Provider's financial policy, and I agree to be bound by its terms.

I also understand and agree that the Provider may amend these terms from time to time.

Signature of Patient (or Guarantor, if applicable)

Date