



Financial Policy

- All patients must read and sign this form prior to receiving services.
- It is your responsibility to provide us with the most current insurance information
- If you fail to provide accurate insurance information in a timely manner, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered.
- We must emphasize that, as medical providers, our relationship is with you, the patient and not your insurance company. Your insurance is a contract between you, your insurance company and possibly your employer. It is your responsibility to know and understand the level of services covered by your insurance company.
- If you have **Medicaid** coverage of any kind, you must notify us prior to your visit. *This is part of your agreement with Medicaid* and failure to notify us of Medicaid coverage will result in full financial responsibility for services rendered.
- We may accept assignment of insurance after verification of your coverage. Please be aware that some or perhaps all the services provided may not be covered in full by your insurance company. **These may include procedures performed in the office that your physician may feel is necessary to assist him in your care. These procedures may be applied to your co-insurance or deductible by your insurance company. You will be totally responsible for the allowed amount by the insurance company.**
- You are financially responsible for services not covered by your insurance company.
- Co-payments, coinsurance and/or deductibles are due at the time of service. We will estimate the amount you owe based on information we receive from your insurance company. However, you are responsible for paying the full amount determined by your insurance company once they have paid your claim- regardless of our estimation.
- It is your responsibility to provide us with your most current billing information.**
You must provide your most current billing address, all available telephone numbers and any other important contact information. If your address or contact information changes it is your responsibility to contact us with updated information.
- We will send a statement (to the billing address you provided) notifying you of any balances you may owe. If you have any questions, or dispute the validity of this balance, it is your responsibility to contact our billing staff within 30 days after receipt of the initial statement. **You can call 817- 335-8151.**
- Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 30 days are deemed past due.
- If you are unable to pay the balance in full, you must contact our billing staff to discuss a payment schedule. If you fail to make payments as agreed upon, your account may be referred a professional collection agency and/or attorney. You will be responsible for all collection costs incurred, including attorney's fees and court costs if applicable.
- In the event you submit payment by check and the bank returns the check unpaid for any reason, we will add \$25.00 to your original balance. In addition we may seek all additional legal remedies provided to us under Texas law.
- We may charge you a "No Show" fee if you fail to cancel or reschedule your appointment at least 24 hours prior to your appointment date.
- FAILURE TO KEEP YOUR ACCOUNT BALANCE CURRENT MAY REQUIRE US TO CANCEL OR RESCHEDULE YOUR APPOINTMENT.**

Signature of Responsible Party:

Date:

Patient Name:

Patient DOB: