



Financial and Office Policies

The following are our Financial and Office Policies. Please read and sign at the bottom and return to the front office representative or sign electronically. Please ask us any questions you may have at the time of check-in.

- **Patient Responsibility:** We participate in many insurance plans. We recommend you become familiar with your insurance benefits and confirm our participation in your plan. Most misunderstandings about insurance can be avoided if you understand what your policy covers. Please contact your insurance company with any questions you may have regarding your coverage. We will submit your claims and assist you in any way we reasonably can to help get your claims paid.
- **Insurance Carriers Requiring Referral:** If you are referred to another specialist and your insurance carrier requires a referral number, our office must have at least a week's notice to complete that referral.
- **Proof of Insurance:** All patients must update their patient information as needed with the front office representative before seeing the doctor. Each year, we must obtain a copy of your valid government issued identification and a current, valid insurance card. Please bring these items with you on each visit.
- **Payments due at the time of service:** Co-pay, deductible, and or co-insurance are due at the time of your appointment. Payment in full is required at time of service if we are unable to verify your current insurance information. All Health Share plans require payment at check-in before seeing the doctor.
- **Nonpayment & Returned Checks:** Unpaid accounts will be referred to an outside collection agency and could result in dismissal from the practice. **There will be a \$35 fee for all returned checks.**
- **Late Arrivals:** Please arrive 15 minutes before your appointment. If you arrive 15 minutes after your scheduled appointment time, our office may have to reschedule your appointment to a new time or date.
- **No Shows:** Please notify us **48 BUSINESS hours** in advance by phone or secure portal if you must cancel or change your regularly scheduled office appointment. **Failure to do so will result in a no-show or cancellation fee of \$50 that is not covered by your insurance.** (Monday appointments must be canceled by the previous Thursday; Tuesday appointments must be canceled by the previous Friday.) **Any canceled, rescheduled, or no-show Imaging/Diagnostic Scan appointments canceled less than 1 week prior to the appointment will be charged a \$250.00 fee.** A third no-show or late cancellation may result in dismissal from the practice.
- **Referrals:** The providers of Texas Family Medicine would advise you that at some point, you the patient may be referred to providers in which a physician or physicians of this practice would receive remuneration for healthcare and services provided. It is the option of the patient to receive ancillary healthcare services from any ancillary healthcare provider or facility of their choice.
- **Form Completion:** All forms requiring medical review and physician signature – including prior authorizations, FMLA, disability or other paperwork – **may be subject to an administrative fee of \$30.** Administrative fees may be waived if the patient brings the form to his/her scheduled appointment in conjunction with forms completion. **Please allow 1 week for form completion.**

Policy: I have read and understand the Financial and Office Policies of Texas Family Medicine and agree to abide by its guidelines.

Signature: _____ **Date:** _____