

## ***Patient Financial Policy***

Thank you for choosing Endocrinology Specialist of North Texas as your provider. Due to patient questions regarding their payment vs. insurance responsibility for services rendered, we have developed this financial policy. We encourage you to ask us any questions you may have about our policy.

**Insurance:** We participate in most insurance plans, including Medicare. If you are not insured by a plan that we currently accept, or you do not have a valid insurance card, our billing department can assist you with our self-pay rates.

**Co-Payments and Deductibles:** All co-payments and deductibles must be paid in full at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from our patients can be considered fraud. Please help us uphold our agreement with your insurance company by paying your co-payment and/or deductible at each visit.

**Non-Covered Services:** Please be aware that some, and perhaps all, of the services you receive may not be covered or considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

**Proof of Insurance:** All patients must complete our patient information form prior to seeing the doctor. We must obtain a copy of your valid driver's license and current valid insurance card as proof of insurance. If you fail to provide us with the correct insurance information in a timely manner you may be responsible for the balance of your claim.

**Claims Submission:** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company since we are not party to that contract.

**Coverage Changes:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If you do not provide us with the correct insurance information in a timely manner, you will be responsible for the entire balance.

**Nonpayment:** If your account is over 120 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise arranged. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30 day period our physician will only be able to treat you on an emergency basis.

**Outstanding Balances:** It is your responsibility to keep your account with us current. This includes all outstanding balances due resulting from co-pays, deductibles, non-covered services, billing adjustments, etc. that are reflected in your Explanation of Benefits received from your insurance company and billing statements received from us. You must pay these outstanding balances in full prior to seeing the physician for your next appointment. Non-receipt of a statement(s) from us does not excuse your obligation to pay your outstanding balance.