

Financial Guidelines

WELCOME

Thank you for choosing North Texas Bariatric & General Surgery. Our main concern is to provide a professional atmosphere of understanding, compassion and encouragement to our patients, while ensuring that your or your family member receives optimal treatment needed for your health concerns. If you have any questions or concerns regarding our payment policies, please do not hesitate to ask our Billing Coordinator.

We ask that all patients provide current health history and insurance information on our new patient registration form. Please read and sign our Financial Policy prior to seeing the doctor. We **must** be informed of any changes in medical history, insurance information, and any changes in address or phone number at each visit.

Payment is due at the time of service. We accept cash, checks, and for your convenience, MasterCard and Visa. All checks are converted to electronic debit through Telecheck unless you tell us otherwise.

OFFICE VISITS- Payment for treatment is due at time of service to include co-pays, deductible, and or services not paid for by your insurance company. All surgery deductibles and co-insurance amounts are due 1 week prior to surgery.

Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, non-covered/covered charges, co-insurance, coordination of benefits, or “reasonable an customary” charges other than to provide factual information as necessary. Please understand that our fees are based upon the specific procedure, the time involved, the materials used, and the expertise and knowledge used during your visit and/or surgery. We provide extended office visits to ensure that all your questions and concerns are met – therefore what insurance deems “usual and customary” specific only to your insurance plan premiums, has no relevance in the determination of fee schedules.

° Secondary **insurance** will be filed only if given prior to date of service. Please note that we do not accept all secondary insurances such as Medicaid and therefore those amounts left unpaid are patient’s responsibility.

° All **charges are your responsibility whether your insurance company pays or not.** Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. While we make every effort to let you know of changes to these policies it is patient responsibility to know your own health care insurance plan and to pay for services that are not covered by your plan.

° If the insurance company does not pay your balance in full within 30 days, we ask that you contact your carrier to help speed things up.

° If the insurance company does not pay your balance in full within 90 days, we require you to pay the balance due and resolve any further issues with your contracted insurance carrier.

° **All accounts with a balance for 90 days or more will be subject to a \$25.00 fee and sent for further collections process if arrangements have not been made prior to this time.**

° **Returned checks will be subject to a \$25.00 service charge.**

Please note that, unless canceled at least 24 hours in advance, you may be charged for missed appointments at the rate of \$25.00. Please call if you need to reschedule.

We do understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Again, thank you for choosing North Texas Bariatric & General Surgery. We appreciate your trust and the opportunity to serve you.

Patient’s Name: _____ Signature: _____ Date: _____