

Estelle Archer MD
1900 S Coulter Suite B
Amarillo, TX 79106
806-350-7312

FINANCIAL POLICY

We are committed to providing you excellent care. Since payment of your bill is, part of your treatment, we want you to be sure our financial policies are clearly understood.

Payment of your account is your responsibility regardless of your insurance coverage. Your insurance is a contract between yourself and the insurance carrier; we are not a party to that contract. We do our best to verify insurance at the time of your visit, but it is your responsibility to check with your insurance provider to know what they cover and what providers are in your network.

Any co-payments are due at the time of service. For your convenience, we accept Visa, Mastercard and Discover as well as cash or check.

You will receive a monthly statement from our office for the remaining balance after your insurance pays the claim. Payment in full will be expected within 30 days of receipt. If you are unable to meet your financial obligations, call our office and let us know you need to set up a payment arrangement. Financial procedures are standardized and the same for every patient.

You will be required to pay up front at least 20% of your surgical cost estimated. Your account can be sent to collections due to non-payment or failure to keep a payment arrangement. If this is the case, it will be documented in your financial record. You will not be scheduled for future appointment without approval from the business office.

I have read, understand, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

Signature _____ Date _____

RESPONSIBLE PARTY (PRINT)

RELATIONSHIP TO PATIENT