

South Texas Healthcare

Please read and sign below.

Thank you for choosing South Texas Healthcare as your provider. We appreciate your trust in us and we appreciate the opportunity to serve you. We are committed to enhancing the best quality healthcare overall. This policy has been designed to inform you of our financial policies and answer any questions you may have regarding payment for services rendered at our facility. If you have a deductible, co-pay or co-insurance, payment arrangements will be made prior to your visit. Any non-covered amounts will be the patient's responsibility and billed to the responsible party.

Patients Payments

Payment (co-payment or co-insurance) is due at the time of service. If you have an outstanding balance, we must collect it before seeing the doctor. You may use cash, check or credit/debit card to pay your account including no-show fees.

Insurance Payments

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We require certain co-payment or prepayment amounts depending on the type of insurance carrier.

If we file your insurance and the claim has not been paid for any reason within 60 days from the date of service, we require that you pay the balance using one of the approved payment methods, without exception. IF you have not contacted the office within 60 days of receipt of your statement to dispute the charges in error or discuss the outstanding balance, you will be held responsible for any changes not covered by your insurance and you will be sent to collections. We would be more than happy to set up a payment plan, if needed. In the event that you insurance pays us after that time, you will be reimbursed. After 90 days, your credit card will be charged for the full amount owed. If declined, your account will be frozen.

Insurance Coverage

While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by your insurance is correct. It is your responsibility alone to know what services may or may not be covered by your insurance. We encourage you to refer to your benefits manual if you have any question about covered services. In addition, be aware that some and perhaps all the services provided may be non-covered services by your insurance information that delays payment, you will be asked to pay full billed charges and see reimbursement from your insurance provider directly.

Third party payers

Our office does not bill third party payers. For example, no care accident claims, worker's compensation, etc. If you wish to see our doctor for a visit and/or labs, you may see us as a self-payment patient.

Missed/late cancelled appointments

We require 24-hour notice for cancelled appointments. This courtesy will allow others to be seen in a timely manner.

That appointment can only be held for 10 minutes past the scheduled time. If you are not able to make it within those 10 minutes, your appointment will be cancelled and will need to be rescheduled.

1st missed appointment \$25.00

2nd missed appointment \$25.00

3rd missed appointment \$25.00

After the 3rd no show, you will be discharged from the practice.

I have read, understand and agree to abide by the terms stipulated above.

Patient's signature _____

Date: _____