

North Texas Family Health

Financial Policy Form

Thursday, 15 August, 2019

Thank you for choosing North Texas Family Health as your healthcare provider. We are committed to building a successful provider-patient relationship with you and your family.

Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services rendered is a part of that relationship. Inquire with our manager if you have any questions about our fees, policies, or your responsibilities.

It is your responsibility to inform our office of any patient information changes (i.e. name change, address change, insurance information change, etc.).

Co-Pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at the time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check, debit, or credit cards. We do not accept post-dated checks.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are not a part of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance in addition to any change in insurance information. Failure to provide complete insurance information may result in the patient being responsible for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

If your insurance company is not contracted with North Texas Family Health, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If North Texas Family Health is out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to North Texas Family Health immediately.

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Participating Insurances

Aetna, Baylor Scott & White, Blue Cross Blue Shield of Texas, Cigna, Medicare, Medicaid, Tricare, United HealthCare

If your insurance plan is one with which North Texas Family Health is not a participating provider, you will be responsible for payment in full. However, as a courtesy, we will file your initial insurance claim and if not paid within 30 days you will be responsible.

Referrals and Prior-authorizations

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Certain health insurance (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or prior-authorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

Self-Pay/Private-Pay Accounts

Self-pay/private-pay accounts are patients without insurance coverage, patients covered by insurance plans in which North Texas Family Health does not participate, or patients without an insurance card on file with us. Liability cases will also be considered self-pay/private-pay accounts.

We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven.

Self-pay/private-pay patients will be required to bring \$125 at the initial appointment. This cost will not include diagnostic testing or procedures. If diagnostic tests or procedures are necessary, the patient will be provided a cost of each and be required to pay the cost of each prior to any further visits. A 20% discount will be provided to all procedures and diagnostic tests that are paid for at the time of check-out. If balance cannot be paid in full, the patient will be asked to make payment arrangements for the remaining balance before being evaluated or treated for future visits. Extended payment arrangements are available if needed. Please speak with a billing coordinator to discuss a mutually agreeable payment plan.

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It is never the intention of North Texas Family Health to cause financial hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Third-Party Billing

We do not do any third-party billing. Our relationship is with our patients and not with the third-party liability insurance (auto, homeowner, etc.). It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You may receive an accident questionnaire from them to be completed by you. If the questionnaire is not returned to your medical insurance company and/or we receive denial on your claim, you will be responsible for payment in full.

Missed Appointment & Late Appointments

North Texas Family Health requires a 24hour notice of appointment cancellation.

Appointments missed and are not appropriately canceled will be charged a fee of **\$50**.

Being 15 or more minutes late to an appointment will be considered a missed appointment. If an open appointment time is available, you may request to be moved to that time without a missed appointment fine. If an open appointment time is not available, you must reschedule and may be required to pay a portion of the missed appointment fee before being rescheduled.

Three consecutive missed appointments will result in termination from any further care and treatment from North Texas Family Health. Five consecutive cancelled appointments will result in termination from any further care and treatment from North Texas Family Health.

Insufficient Funds & Returned Checks

The charge for insufficient funds or returned check is \$35, payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount owed for service. You may be placed on a cash only basis following any returned check.

Medical Record Copies

Patients requesting copies of medical records will be charged:

- \$10 for copies placed on a CD (compact computer disc)
- \$10 – under 20 printed pages
- \$15 – 20 to 49 printed pages
- \$20 – 50 to 100 printed pages
- \$0.20 per printed page over 100

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Attorneys and Insurance Companies will be charged a \$15 fee, postage, and:

\$0.25 per printed page under 100 \$0.30 per printed page over 100

\$20 for an itemized bill. \$20 if records must be delivered within 48 hours of the request.

Minors

The parent(s) or guardian(s) is/are responsible for full payment and will receive the billing statements. A signed release to treat will be required for unaccompanied minors.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent two (2) statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or an attorney, and the patient may be terminated from any further care or treatment by North Texas Family Health.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collection costs including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for the payment of the service rendered. Our office will not bill any other personal party.

This financial policy helps North Texas Family Health to provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please contact the office manager of North Texas Family Health.

Patient Name: _____ Date: _____

Signature of Patient (Parent or Guardian): _____

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