

FINANCIAL POLICY



Thank you for choosing the physicians at **THC MediSpa & Clinic** as your healthcare provider. We are committed to providing you with quality, unparalleled obstetrical and gynecologic care. Your clear understanding of our *Patient Financial Policy* is important to our professional relationship. If you have questions regarding our fees, policies, or your financial responsibilities, contact us at (346) 571-1147. Please take time to carefully review the following information and return this form to the front desk with your signature and today's date.

We require that all patients complete our *Patient Financial Policy* prior to seeing the physician or designated provider, and upon each annual visit thereafter. It is your responsibility to notify our office of any patient information changes (i.e. name, address, insurance, pharmacy, etc.).

INSURANCE

If you are not insured by a plan we do business with or are self pay, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. **Knowing your insurance benefits is your responsibility.** Your insurance policy is a contract between you and your insurance company. As a courtesy, and pursuant to contractual obligations, we file all your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes but is not limited to deductibles, co-payments, non-covered charges, and "usual and customary" charges. Please CONTACT your insurance company with any questions you may have regarding your coverage. We will supply information as necessary. **You are ultimately responsible for the timely payment of your account.**

CO-PAYS

Co-payments are due at the time you check in at the front desk **PRIOR** to your being seen by your provider.

Forms of payment accepted

We accept Cash, Check, Visa, Mastercard, American Express, and Discover. A 2.6% fee will be assessed for use of any credit card to make a payment on your account. A \$40 return check fee will be assessed for any returned checks payable by cash, money order, or charge; no checks will be accepted at this point.

DEDUCTIBLES, CO-INSURANCE, AND ESTIMATES FOR HOSPITAL/IN OFFICE PROCEDURES

- Balances related to unmet deductibles and estimation of co-insurance as per the contract you have with your insurance, is to be paid at the time of service.
- Payment for your obstetric care is to be paid in full by 27 weeks gestation if you have unmet deductibles, is cash pay customer, etc.
- For surgical and in office procedures, an estimation of patient responsibility will be provided to you and is to be paid in full prior to services being rendered. Additional balances due if applicable, will be billed to you after the insurance company has processed the claim.

UN-PAID/OUTSTANDING BALANCES

Full payment should be made at the time of service unless prior arrangements have been made through our office. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. If payment arrangements are needed, you may call our office at (346) 571-1147 to arrange. Any past due balances may be considered for collections activity.

DISABILITY FORMS

Disability, Life Insurance and other forms are often requested to be completed by the practice. Many of the forms require review by the physician as well as completion of detailed medical history questionnaires. Please allow 5-7 business days for completion of any requested forms. The charge for completion service is \$30.00. The fee must be paid in full when the forms are submitted to our office. **We will not satisfy requests for completion or release of these documents until we are paid in full.**

MISSED APPOINTMENTS

Please help us serve you better by keeping scheduled appointments. We understand that things happen. In the event you are unable to keep your requested appointment, we request a minimum 24h notice. Failure to provide notice will result in \$25.00 missed appointment charge. *This charge is the responsibility of the patient and is not covered by any insurance carrier.*

MEDICAL RECORDS COPIES

The following charges are in accordance with the Texas Administrative Code Title 22, Part 9, Chapter 165 [§165.2].

If you request a copy of your medical records, you will be charged the following fees:

THC MediSpa & Clinic Financial Policy (Continues)

- \$25.00 for the first 20 pages, then \$0.50 per page after for printed copy of your records.
- \$25.00 for the first 500 pages and \$50.00 for more than 500 pages for electronic copies.

LATE CHARGES of 12% annually will be applied to all patient balances 90 days old or greater.

Like all businesses it is our intention to thoroughly explain our financial policies, and set forth our expectations. Your assistance and cooperation is appreciated. We are please to have the opportunity to meet your health care needs, and we don't take it lightly that you chose us. We encourage you to contact us with any questions or concerns.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time. I acknowledge my responsibilities by affixing my signature below.

Signature of Patient (or Guarantor if applicable)

Date

Patient Name (Please print)