

Collin County Pulmonary Associates
6100 Windcom Court, Suite 102, Plano, Tx 75093
Phone: (972) 964-0170 Fax: (972) 596-8928

FINANCIAL POLICY STATEMENT

Payment for service is due at the time service is rendered unless payment arrangements have been approved in advance. We accept cash, checks, Visa/Master Card/Discover. There is a \$30 charge for returned checks.

Please understand that you are financially responsible for paying any and all medical expenses incurred for services rendered whether or not your insurance carrier pays your claim. You are responsible for any copayment, co-insurance, deductible, non-covered or exclusions pursuant to the terms of your policy and plan benefits. If benefit payments that you assign to our office are mistakenly sent directly to you please forward them to us immediately so that your account can be properly credited and updated.

If you have insurance we will file your claim only if you assign benefits to our office by signing below. Present your current ID and current insurance card(s) at each visit. Knowing and providing your insurance benefits is your responsibility. Please contact your insurance company with any benefit questions you may have regarding your coverage. While we participate in many insurance plans, it is your responsibility to contact your insurance carrier to determine whether this office and/or doctors are participating in your insurance plan.

Referrals: If your visit requires a referral from your primary care physician it is your responsibility to call your primary care physician to obtain your referral in advance of arrival and to see that our office has a copy of your referral at the time of your visit. You can not be seen until you have obtained any required referral documentation.

A missed appointment fee is \$50.00 if not canceled at least 24 hours in advance. This fee may be billed to you and not filed with your insurance carrier.

Balance for services over 60 days will be considered past due and delinquent at 90 days. Balances over 90 days may incur a \$50/month rebilling fee and become subject to further collection procedures. Any collection costs are your responsibility.

Patients not responding to our phone calls and routine USPS mail who then require certified letters for contact may be directly billed for the cost of those certified mailings.

Medicare: We do accept Medicare assignment, which means that we are directly reimbursed by Medicare 80% of the approved amount minus any unmet deductible. We only bill you for the remaining 20% of the approved amount plus the part of any deductible you may still owe. If you have secondary insurance (Medigap) to help cover your 20%, we will also file this on your behalf if you agree to assign benefits to our office. We must have a copy of your current insurance card(s).

I hereby assign all medical benefits to which I am entitled, including Medicare and any other government sponsored programs, private insurance, and all other health plans to Collin County Pulmonary Associates (Tim Betz, M.D. & Timothy R. Chappell, M.D.). I understand that I am financially responsible for all charges whether or not paid by said insurance. Due to contract language between physician and insurance company, I understand that I am financially responsible for all charges deemed to be "non-covered benefit" by my insurance company even if the insurance's Explanation of Benefits stated the procedure is a "non-covered benefit". I hereby authorize release of any information necessary to secure payment.

I have read and understand the above information, and by my signature I agree to these terms.

Signature Acknowledgement and Agreement _____

Date: _____