

Thank you for choosing DCPM for your medical care. We are committed to providing you with quality, personal health care, and appreciate your commitment to adhere to this Office/Financial Policy Agreement. DCPM recognizes by having a clear understanding between patient and medical provider regarding protected health information and financial arrangements for healthcare, we can provide you with the best service. The following information is provided to avoid any misunderstanding concerning protected health information (PHI) and payment for professional services. Agreement with this policy is required for medical care.

Arrival Time

If you are 30 minutes past your appointment time, your appointment will be rescheduled.

Payment is expected at time of service

Except as indicated below, payment is required at the time of services are provided unless other arrangements have been made in advance. If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. We accept cash, personal in-state checks, VISA and MasterCard.

Insurance Coverage

Your insurance coverage is a contract between you and your carrier. By contractual law your insurance company requires us to charge for, and you to pay for, all required co-payments, coinsurances, deductible and non-covered services and are due at time of service.

Knowing your insurance benefits, inking eligibility, covered benefits, and medical necessary procedures is your responsibility. Please contact your customer services at your insurance company for question you may have regarding your coverage. You are responsible for any charges not covered by your insurance plan.

Managed Care Plans

All managed care plans (PPO, POS, HMO, etc.) copayments are due at time of service. If your insurance plan requires a referral authorization from a primary care physician, please present this referral at your initial visit. If you request an office visit or surgery without a referral authorization, your insurance plan may deem these services as “out of network” or “non-covered treatment”, and you will be responsible for a larger amount or all of the charges. By signing below, the patient acknowledges that is the patient’s responsibility to be aware of what services are covered and agrees to pay for any service deemed to be non-covered or not authorized by their plan.

Medicare

DCPM providers participate with the Medicare program and accept as payment, the Medicare allowable, patient deductible and or 20% co-insurance. If you have supplemental insurance (Medigap) to cover the portion of the charges that Medicare does not pay, please provide us with a copy of your insurance card and any forms your insurance company may require. Medicare and/or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. In this rare case you may be asked to sign a waiver form (ABN) which states that you understand you will be responsible for these non-covered charges.

Self-Pay / Out-of Network Care

Self-Pay: If you have no insurance, we ask that you coordinate your financial responsibility with our business office prior to services rendered.

Out-of-Network: Please be aware you have an option to seek care from physicians even though they are not participating in your network. In this situation, your out-of-pocket expense will be greater. We ask that you coordinate your financial responsibility with our business department prior to services rendered.

Letter of Protection (LOP)

We do not accept letter of protection from an attorney. Payment is due at time of service.

INSURANCE and FINANCIAL INFORMATION

What You Should Know About Your Insurance Before You Visit Our Office.

As a courtesy to our patients, our office attempts to verify your insurance coverage prior to your office visit. Unfortunately, the information we receive from your insurance company is minimal and is not a guarantee of coverage or benefits, but rather a quote based on current eligibility.

In general, we are not given specifics of your coverage; for example, what procedures your insurance does/does not cover. We verify eligibility, co-insurance, copay, deductible, and out of pocket only. If you elect to have a procedure performed at a future date, our office will verify benefits prior to the procedure.

We strongly encourage all patients to “know” their insurance policy. It is important to have this information because you are responsible for paying all charges associated with your care which the insurance does not cover at the time of service. Knowing what your plan does/does not cover will provide you with the knowledge/power to make medical decisions and to know your options. Also, you are more likely to receive the maximum benefits allowed by your policy if you are aware of what your coverage entails.

Be sure to bring your insurance card, as this is necessary to file a claim on behalf of your visit. Please note that if you do not bring your insurance card with you, payment in full is expected at the time of service.

If your visit is covered by health insurance, DCPM files your insurance claim. **You must bring your current insurance card for every visit.** If your plan requires a copayment, co-insurance, deductible, and/or out-of-pocket, it will be collected at time of service. Payment for all services is required at time of service.

Please be reminded that your insurance coverage is a contract between you and your insurance company and that the ultimate responsibility for payment for services rendered by Dallas Center for Pelvic Medicine is your responsibility. If your policy requires a co-payment, coinsurance, and/or deductible, the amount of co-payment must be made at the time of service or you will need to reschedule your appointment.

- Payment of the portion your insurance will not cover on the day the service is provided, i.e. such as your co-payment or deductible.
- We accept MasterCard, Visa, cash, and personal checks.
- If there is a balance after your insurance carrier has paid its portion, you will receive a statement.
- Payment of your balance in full upon receipt of your statement.
- We participate in most managed care plans and will bill your insurance plan as necessary.
- If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangements have been made in advance.
- Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures is **your** responsibility; please contact customer service at your insurance company for questions you may have regarding your coverage. **You are responsible for any charges not covered by your plan.**
- **Proof of Insurance.** All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. **Please notify us of any changes in insurance coverage prior to time of service.** Insurance denials for termination of coverage will be automatically billed to you.
- By contractual law your insurance company requires us to charge for, and you to pay for, all required co-payments, coinsurances, deductible and non-covered services.
- **Claim submission.** We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. Texas insurance law requires your insurance company to provide

timely payment. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid. We are not a party to your insurance contract.

- **Referrals.** If your managed care plan requires approval or authorization for referrals to a specialist, radiological imaging, medical facility care, *etc.*, it is *your* responsibility to inform the office of this requirement *prior to* referral.

DPCM is committed to providing you with the best possible care. If you have medical insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policies and your insurance coverage.

Our office collection policy supersedes any other contract language or statements in managed care contracts or other insurance policies. We accept checks, cash, MasterCard, and Visa.

Returned checks are subject to an additional collection fee of \$35.00. We will gladly answer questions regarding your insurance.

Remember:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- *We will file your insurance on plans we participate with only if we have the necessary information to verify your benefits.*
- Our fees are generally considered to fall within the acceptable range of usual and customary by most companies, and therefore, are covered up to the maximum allowable determined by each carrier.
- Not all services are a covered benefit in your contract. Some insurance companies arbitrarily select certain services they will not cover or may set maximum limits. These amounts are your responsibility.

We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. It is understood that temporary financial problems arise; you are encouraged to contact us promptly for assistance in the management of your account. If you have any questions regarding the above information, please do not hesitate to ask.

OUT-OF-NETWORK CARE / SELF PAY:

Please be aware that you have an option to seek care from Physicians even though they are not participating in your network. In this situation, your out-of-pocket expense will be greater. As a courtesy to our out-of-network patients, we will file your insurance claim if desired, and offer a 30% reduction from our fee schedule. This benefit also applies to self-pay individuals without insurance.

Signature

Date

Account #