



Financial Policy Acknowledgement

We are committed to providing you the best available medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time.

Your clear understanding of our Financial Policy will enhance our professional relationship.

Thank you for your review and acceptance of this policy

All new patients must complete our Patient Information Packet before seeing the doctor.

Full payment for our services is due at the time of service, unless other mutually agreed upon arrangements are made with our office staff

We participate in most insurance plans, including Medicare. If you are not insured by a plan that we currently accept, or you do not have a valid insurance card, our billing department can assist you with our self-pay rates. You are responsible for timely payment of your account.

Insurance is a contract between you and your insurance company. We are NOT a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. We cannot be held responsible to know every plan and every payment that will be made.

There are some procedures performed in our offices that are not surgical procedures, but we are required by the insurance guidelines to report the procedure under an insurance code, which your insurance company may classify as surgery. If these procedures go towards your deductible, you will be billed for the charges. Our involvement will be limited to supplying factual information to facilitate claim processing.

HMO and PPO

Co- payments and deductibles must be made at the time of your visit, when applicable. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from our patients can be considered fraud. Please help us uphold our agreement with your insurance company by paying your co-payment and/or deductible at each visit.

Please provide us with your current insurance plan information at the time of your appointment and notify us of any changes at least 3 days before each visit. We will require a copy of your insurance card for our records.

Please be aware of and provide any required referrals or authorizations in advance of the appointment or service. If you do not provide these before care is provided you will be responsible for the cost of the care or service.

Before your appointment please be sure that your doctor is in-network and the services are covered by your plan. If the doctor is out-of-network you will be billed for the costs of the care.

We will help you find out if you have out-of-network benefits and we will submit a claim to your plan on your behalf. Please refer to our out-of-network policy below for more details.

Please let us know if you do not want us to submit a claim on your behalf.

MEDICARE

We are participating Medicare providers, thus we accept assignment of payment for your claims. We are required by Medicare to file your claims for you. Medicare will pay us directly and provide you with an EOB (Explanation of Benefits) detailing allowances, payments, and/or denials.

THIRD-PARTY (NOT HMO/PPO) OR SUPPLEMENTAL (SECONDARY)

We do not file claims to insurance carriers for which we are not providers or with which Medicare does not coordinate benefits. We will provide you with the information you need to submit your primary or secondary claim.

SELF - PAY PATIENTS:

Full payment is expected at the time of service for all visits.

PROOF OF INSURANCE

We must obtain a copy of your valid driver's license and current valid insurance card as proof of insurance. If you fail to provide us with the correct insurance information in a timely manner you may be responsible for the balance of your claim.

COVERAGE CHANGES

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If you do not provide us with the correct insurance information in a timely manner, you will be responsible for the entire balance. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company since we are not party to that contract.

NON-COVERED SERVICES:

Medicare Patients

Medicare may not cover some services that your doctor recommends. You will be informed ahead of time that this may be the case and will be given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing that you are responsible for payment. You must read the ABN carefully.

Non - Medicare Patient

Any service not covered by your plan is your responsibility and must be paid in full at the time of service or upon receiving a bill for the services.

PAYMENT PLANS:

We understand that medical care can become expensive. If you have concerns about your ability to pay you can contact us for help in managing your account.

REFUNDS:

A refund is issued when an overpayment has been identified. If you feel that a refund is due please contact our billing office at 210-390-0587

POLICY CHANGES

The policies are subject to change. We will do our best to keep you informed of any modifications. Current policies can be obtained by visiting our website at www.alamoendo.com

CREDIT CARD CONSENT FORM

Our practice requires all patients have a credit card on file for missed appointments. We also require a 24 hour cancellation notice

OUTSTANDING BALANCES

It is your responsibility to keep your account with us current. This includes all outstanding balances due resulting from co-pays, deductibles, non-covered services, billing adjustments, etc. that are reflected in your Explanation of Benefits received from your insurance company and billing statements received from us. You must pay these outstanding balances in full prior to seeing the physician for your next appointment. Non-receipt of a statement(s) from us does not excuse your obligation to pay your outstanding balance.

NON PAYMENT

If your account is over 120 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise arranged. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. If this is to occur, you will be notified by mail that you have 30 days to find alternative medical care. During that 30 day period our physician will only be able to treat you on an emergency basis.

For any questions about these policies please speak to billing office at 210-390-0587

I have read and acknowledge the Financial Policy as set forth by Alamo Diabetes and Endocrinology

Patient Name or Parent/Legal Guardian

Patient Name or Parent/Legal Guardian Signature

Date