

OUR FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your health care provider. Our main concern is that you receive the proper and optimal treatments needed to restore your health. Therefore, if you have any questions or concerns about our policies, please do not hesitate to speak to our business office.

Payment is due at the times services are rendered, unless prior arrangements have been made.

For your convenience we accept cash, check, Mastercard, Visa, Discover and American Express.

When assignment is accepted on your insurance, you are responsible for all charges denied or not paid by your carrier within in 45 days.

Return checks are subject to additional collection fees.

Delinquent balances may be subject to interest charges.

Missed appointments may be charged at the rate of a normal office visit.

PRIVATE INSURANCE AUTHORIZATION

I authorize payment of medical benefits to North Texas Medical-Surgical, P.A. for any services furnished to me by the physicians. I also authorize you to release to my insurance company information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

DATE _____ SIGNED _____

MEDICARE LIFETIME SIGNATURE ON FILE

I request that payment of authorized Medicare benefits be made either to me or on my behalf to North Texas Medical-Surgical, P.A. for any services furnished me by the physicians. I authorize any holder of medical information about me to The Health Care Financing Administration and its agents any information needed to determine these benefits or benefits payable for related services.

DATE _____ SIGNED _____