

## FINANCIAL DISCLOSURE AND AGREEMENT

We feel it is important for our patients to have an understanding of our financial policies and how they may be affected by them. Please ask questions regarding this document before you leave the office today. We are more than happy to assist you!

**PROOF OF INSURANCE:** Your insurance card(s) and a picture ID should be brought to each appointment. It is your responsibility to inform the front desk of any changes in address, phone number or employment and when your insurance plan changes so that the correct plan is billed for your visit. Failure to provide requested information in a timely manner will result in the claim(s) becoming the patient's responsibility. It is also your responsibility to know what your benefits are and if we are a participating provider on your plan.

**CONTRACTED INSURANCE:** If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a copay, coinsurance or a deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. It is our obligation under many of our contracts to report patients who repeatedly refuse to pay copays, coinsurance and deductibles at the time of service or who repeatedly "no show" for appointments. If you are reported, you could possibly lose your health care benefits. Contact your employer's human resource department for further clarification of your benefits and obligations. If your insurance requires a referral and/or prior authorization, you are responsible for making sure you have that authorization prior to seeing a specialist.

**NON-CONTRACTED INSURANCE:** Your insurance is a contract between you and your insurance company. We are not a party to that contract. Using an out-of-network provider will generally result in a greater out of pocket cost. We will bill your primary insurance company as a courtesy to you and you agree to pay any portion of the charges not covered by insurance. If your insurance requires a referral or prior authorization, you are responsible for obtaining it.

**WORKERS COMPENSATION/MOTOR VEHICLE ACCIDENTS:** Please note that we cannot treat for worker's comp injuries; contact your employer for further instruction. If you have been involved in a motor vehicle accident, we can treat you, however, we cannot bill a third party for the charges. You will be responsible for payment in full and we will provide you with the information necessary to file on your own.

**PAYMENT OPTIONS:** We accept cash, money orders, personal checks, debit, and credit cards. We do not accept temporary or post-dated checks. Checks presented are electronically converted to an ACH debit by SecureChex. There is a \$30 fee for all returned checks.

**REQUIRED PAYMENTS:** Patients without insurance, as well as those who have insurance but are seen for non-covered services, will be expected to pay in full at the time of service. Copays, coinsurance and deductibles are due at the time of your visit.

**SECONDARY INSURANCE:** Our office does not file with secondary insurances unless required by law. If you do not have a

government regulated plan, you will be expected to pay your primary insurance's required copayments, coinsurance or deductibles at the time of service.

**FEES:** No Show Fees - \$25 for missed physicals, well exams or surgical appointments, and \$15 for all other types of missed appointments. FMLA or Disability paperwork: \$25.00 fee due at pick-up of the completed paperwork. Medical Records: One copy provided per year at no cost. Additional copies are \$25.00 for the first 20 pages and \$.15 for every page thereafter, plus postage.

**MONTHLY STATEMENTS:** If you have a balance on your account, we will send you a monthly statement. Unless other arrangements have been made in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

**PATIENT RESPONSIBILITY:** If you receive a bill after your share has been collected at checkout, it could be due to several things, including incorrectly quoted benefits or claim processing by your insurance company. If an explanation of benefits is received from your insurance company showing a difference in patient responsibility than what was collected in our office, we will adjust your account accordingly. Please note that payment at the time of service does not equal payment in full. If you feel your claim may have been processed incorrectly, please call your insurance company.

**PAST DUE ACCOUNTS:** We are a member of the American Credit Bureau. If your account becomes past due, we will take necessary steps to collect this debt. If your account is referred to a collection agency, you agree to pay all of the collection costs which are incurred. Failure to meet your financial obligations may also result in termination (upon 30 day notice) from treatment by our doctors.

**WAIVER OF CONFIDENTIALITY:** You understand if this account is forwarded to a collection agency and your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**DIVORCE:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**EFFECTIVE DATE:** Once you have signed the acknowledgment for this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

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Patient - Copy