

FLORESVILLE
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1605 US HWY 181 N. Suite A
Floresville, TX 78114



SCHERTZ
210.819.5002
FAX: 210.819.5003
645 Woodland Oaks Dr
Suite 350
Schertz, TX 78154

PATIENT FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

PAYMENT METHODS: We accept Visa, MasterCard, American Express, and Discover Card, check or cash. Please inquire about patient financing options.

INSURANCE CLAIMS: As the patient, you are responsible for the cost of services provided regardless of insurance coverage. As a courtesy, we will file medical claims to your insurance company. Therefore, it is necessary to present ALL current insurance cards at the time of your appointment. We must be notified immediately of any changes and please ensure all information is accurate and current. As the insured, your coverage is based on the contract between you and your insurance carrier. You must contact your health plan if you have not received notice of payment within 30 to 45 days of your service. Remember, it is ultimately your responsibility to verify coverage for your particular insurance plan. If the insurance company denies the claim, you are responsible for the balance.

PATIENT FINANCIAL RESPONSIBILITY: Your insurance may dictate that we collect co-payments, deductibles and coinsurance, which is not subject to discounts or adjustments.

CO-PAYMENTS: Payment is due at the time of service at every appointment.

REFERRALS: Many insurance companies will not pay for services rendered by a specialist without a referral. It is the responsibility of the patient/parent/legal guardian to obtain any **referral**, and updates, required by the health plan. Failure to provide a current referral may result in rescheduling the appointment until one is obtained.

NSF FEE: There is a **\$35.00** service charge for any returned check.

NO-SHOW FEE: There is a **\$25.00** no-show fee for appointments canceled with less than 24 hours notice or if a patient fails to keep a scheduled appointment. Patients are responsible for no-show fees and these fees are not billable to your insurance company. After one no-show a credit card may be requested to keep on file for future no-shows before another appointment can be scheduled with our office.

MINORS: Minors under the age of 18 **must be accompanied** by a parent or court-appointed legal guardian for treatment. The accompanying parent or adult is responsible for payment.

I have read and agree to the terms of the policy and have received a copy of the Patient Financial Responsibility Acknowledgment.

Signature of Responsible Party

Print Name of Responsible Party

Relationship to Patient

Date