

Dr. Cynthia Mace-Motta

FINANCIAL POLICY

PAYMENT: Payment is due at the time services are rendered. If you have insurance, your co-pay or coinsurance percentage is due at the time of service, along with your unmet deductible. We accept all major credit cards, personal checks and correct cash payment. We are unable to “make change.” Please be prepared to reschedule your appointment if you are unable to make the required payments.

INSURANCE: Your insurance coverage is an agreement between you and your insurance company. We agree to file claims for contracted carriers per our agreement with your carrier. Most misunderstandings regarding insurance benefits can be avoided if you are aware of your specific policy guidelines. This practice treats by medical necessity, and not what your insurance company will cover. If your insurance company chooses not to pay for any reason or if they choose to delay payment, you will be responsible. Any payments not received by your carrier within 60 days of the claim filing will be your responsibility.

DELINQUENT ACCOUNTS: Should your account become delinquent for nonpayment, you will be reported to the collection service. Accounts must be current before future appointments may be scheduled. If you are unable to make your payment in full, please call our billing office at 214-382-0476 to make satisfactory payment arrangements.

RETURNED CHECKS: A \$30.00 NSF fee will be applied to all returned checks. If restitution is not made in a timely manner, we will seek prosecution by the District Attorney.

SURGERY/PROCEDURES: Our office will verify your benefits and pre-certify these services. Co-payment and coinsurance is due as a deposit before the date of your surgery (at your pre-op appointment). Be aware of your policy guidelines to ensure that you are not required to contact your carrier as well.

PRESCRIPTIONS: There is a \$10.00 charge for any duplication or replacement of written prescriptions. Payment can be made in the office if picking up the prescription, or credit card payment by phone for pharmacy call-ins.

LABS AND RADIOLOGY: Quest Diagnostics is the primary lab provider used by this office. Please notify the lab personnel at the time of testing if you require the use of another lab provider.

FMLA/SHORT TERM DISABILITY: There is a \$25.00 charge for the completion of each form relative to FMLA (Family Medical Leave Act) or Short Term Disability claims. A specific medical release is required prior to completion of such forms. It may take a minimum of 10 business days to complete these

forms, as they are not treated as emergencies. Advance payment is required before the forms are released. You can pick them up or they can be forwarded to the contact of your specification.

MISSED APPOINTMENTS: There is a \$25.00 charge for missed appointments. An automated courtesy call is attempted the evening before your appointment is scheduled, however you should not rely on this reminder.

AUTHORIZATION TO PAY PHYSICIAN: I hereby authorize payment directly to the indicated physician any medical and or surgical benefits otherwise payable to me. I understand that I am financially responsible to the physician for charges not covered by my policy.

I understand and accept the terms of this financial policy.

Patient Signature

Date